



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

BLASTING CONTRACTOR'S SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS AND THE KINSALE CONTRACTOR'S SUPPLEMENTAL APPLICATION, DEMOLITION CONTRACTOR'S SUPPLEMENTAL APPLICATION, OR ELEVATION AND SHORING CONTRACTOR'S SUPPLEMENTAL APPLICATION AS APPLICABLE TO YOUR OPERATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Policy Number:
Effective Date:			
Website:			

Please attach copies of the following:

- a) A copy of your Federal firearms License (FFL)
- b) A brochure, description of operations, or marketing materials if a website is not available

2) In what states do you do blasting work? _____

3) Are you licensed in all states in which you conduct blasting work? Yes No

a. License Number(s): _____

4) Do you have any special certifications for blasting work? Yes No

a. If yes, please list: _____

5) How long have you been performing blasting work under this business name or any others (please provide any prior entities or additional entities/DBAs and indicate if they are to be covered)? _____

a. If you are new in business or your blasting work is less than one year in operation please describe your prior blasting experience: _____

6) Is a pre-blast survey conducted at all jobsites and surrounding areas to ascertain proximity of any structures, including identification of under and above ground utility pipes and lines, which could be damaged by a blast? Yes No

a. If yes, does this survey include pictures or video footage of pre-existing property damage to surrounding structures? Yes No

7) What is the greatest number of blasts you have conducted in one year? _____

8) Please complete the following for your detonation types. Check all that apply:

Detonation Type:	Percentage of Total Operations:	Average Number Completed Annually:	Average Job Cost:
<input type="checkbox"/> Electric Blasting Circuit			
<input type="checkbox"/> Radio Transmitter			
<input type="checkbox"/> Fuse			
<input type="checkbox"/> Mechanical Timer			
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Other: _____			
TOTAL	100%		

- a. If you are using electric detonation devices, are extraneous power sources which may cross the wire's path or interfere with electric-blasting circuits shut off or disconnected? Yes No
- + Are connecting wires insulated and of single-wire type? Yes No
- + Are electric-blasting circuits of sufficient carrying capacity and not grounded? Yes No
- b. If you are using radio transmitters to detonate charges, are warnings such as, "turn off 2-way radios" posted around a minimum 1,000 foot perimeter of the blasting site? Yes No
- c. If you are using fuses or mechanical timers to detonate charges, is sufficient time allowed for the blaster to reach a point of safety well in advance of anticipated detonation time? Yes No

9) Describe your 2 largest jobs:

Description	Detonation Method	Job Cost
1.		
2.		

- 10) Do you conduct any blasts for the Energy or Mining sectors? Yes No
- 11) Is a pre-blast survey conducted at all jobsites and surrounding areas to ascertain proximity of any structures, including identification of under and above ground utility pipes and lines, which could be damaged by a blast? Yes No
- a. If yes, does this survey include pictures or video footage of pre-existing property damage to surrounding structures? Yes No
- 12) If you are hiring subcontractors, please clarify the following:
 - a. What percentage of your blasting work is subcontracted? _____
 - b. What type(s) of blasting work are you subcontracting out? _____
 - c. Do you usually hire the same subcontractors? Yes No
 - d. Are subcontractors always insured? Yes No
 - + If yes, what General Liability limits do you require subs to carry? _____
 - + Do you confirm if these subs carry Workers Compensation insurance? Yes No
 - e. Do you obtain certificates of insurance from all subcontractors? Yes No
 - f. Are you named as an Additional Insured on all subcontractors' policies? Yes No
 - g. Do you have a written contract with your subcontractors? Yes No
 - h. Do all contracts contain a Hold Harmless clause in your favor? Yes No

- i. Do you use any leased employees? Yes No
- + If yes, are you responsible for providing Worker's Comp for these employees? Yes No
- j. Do you carry Worker's Compensation insurance? Yes No

WORKSITE SAFETY

- 13) Are explosives strictly handled only by authorized, experienced personnel? Yes No
- 14) Do you comply with OSHA blasting standards and general provisions for use of explosives? Yes No
 - a. Are records maintained on unused explosives for return to appropriate suppliers pursuant to OSHA standards for storage of explosives and blasting agents? Yes No
- 15) Who is responsible for notifying the FAA of blasting activity? _____
 - a. Do you confirm the issued Notice to Airmen (NOTAM) is accurate as to the date, time, and location of your blasting activities? Yes No
- 16) Are stabilization devices such as support braces or retaining walls used to protect structures whose integrity may be compromised by blast impact? Yes No
- 17) Are explosives always secured in magazines compliant with 27 CFR 555, Subpart K when not in use or being transported to the blasting site? Yes No
 - a. Are explosives always stored in Type-1 or -2 magazines when not actively attended? Yes No
 - b. Are explosives always stored in Type-2, -3, -4, or -5 magazines and attended when in transport or awaiting use at the blast site? Yes No
- 18) Are explosive transported to the blasting site as close to the blasting date as possible? Yes No
 - a. If no, please describe your accidental detonation prevention protocols: _____
- 19) Do you protect third parties in the area(s) where explosives will be detonated using protective materials such as thick, finely woven steel wire mats? Yes No
- 20) What precautions are taken to protect the public from injury? Check all that apply:
 - Cones
 - Signs
 - Area Roped/Barricaded Off
 - Other: _____
- 21) Do you conduct any ceremonial or public event blasts? Yes No
 - a. If yes, please attach details of events in the last 3 years and any planned events in the next 12 months.
- 22) Is smoking or other open flames strictly prohibited within 50 feet of explosives? Yes No

COVERAGE AND LOSS HISTORY

- 23) Has any licensing authority ever taken action against you or any of your employees? **If yes, please attach an explanation and copies of any regulatory authority letters.** Yes No
- 24) Have you or any of your employees ever been cited or fined for performing unsafe work? **If yes, please attach an explanation and copies of any citations.** Yes No
- 25) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf Yes No

your company has performed blasting operations or assumed liability? *For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.*

If yes, please attach an explanation including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed.

- 26) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents at a location or project where your company has performed blasting operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.**

Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____