

Fiercely Committed. Proudly Independent. TEL 617 471 7171 / TF 800 972 5381 Fax 617 471 7180 / TF 888 628 1906 Email info@xsbrokers.com

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## **BLASTING QUESTIONNAIRE**

(complete in addition to Acord app)

NAME OF AGENT							
2. ADDRESS							
3. LOCATION OF OTH	IER PREMISES						
4. APPLICANT IS:		PARTNERSHIP	CORP01	THER:			
	OWNER	TENANT	LESSEEOT	THER:			
5. YEARS IN BUSINES	SS						
6. HAS APPLICANT PREVIOUSLY BEEN IN BUSINESS UNDER ANY OTHER NAME? YES NO							
7. GIVE COMPLETE DESCRIPTION OF APPLICANT'S OPERATIONS							
8. USUAL LOCATION OF BLASTING (RURAL/URBAN, QUARRIES, SEWER LINES, ETC.)							
9. WHAT PROTECTIO	IN IS AFFORDED THE	E GENERAL PUBLIC?					
10. IS A PREBLAST &	POSTBLAST SURVE	Y DONE WITH FINDINGS	RECORDED? YES	NO			
11. NAME OF ALL BLASTING PERSONNEL AND THEIR LICENSE NUMBER: NAME YRS. EXPERIENCE LICENSE #							
12. DO ONLY LICENS	ED PERSONNEL SET	T AND DETONATE ALL CH	HARGES?				
13. TYPE OF CHARG	ES?						
14. TYPE OF MATERIALS BEING BLASTED?							
15. TIME INTERVALS OF DELAYS (LONG OR SHORT):							
16. PROTECTION COVER (LOGS, STEEL MATS, ROPE MATS, OR OTHER MEANS):							

				ES? YES NO
19. STORAGE METHOD	S (EXPLOSIVES S	SEPARATED FROM CA		
20. AMOUNT OF EXPLO	SIVES STORED?	WHERE?	WHERE?	
21. HOW ARE EXPLOSI	VES TRANSPORT	AMOUNT? _		
22. ARE VEHICLES CLE	ARLY MARKED?			
23. AVERAGE LENGTH	OF JOB			
24. HOW MANY JOBS AI	RE SUBCONTRAC	TED & COST OF SUB	\$?	
25. DOES THE APPLICA	NT OBTAIN CERT	IFICATES OF INSURA	NCE FROM ALL SUBCOM	ITRACTORS? Y N
26. PLEASE PROVIDE A	LIST OF JOBS CO	OMPLETED IN THE PAS	ST YEAR (DESCRIBE ON	I SEPARATE SHEET)
27. GROSS RECEIPTS \$				
28. PREVIOUS INSUREF IN PAST 5 YRS.	R(S): INDICATE PR	REMIUM AND LOSSES	LAST 3 YRS. DESCRIBE	ANY LOSS OVER \$10,000
YEAR CARRIER	PREMIUM	# OF CLAIMS	AMOUNT PAID	AMOUNT RESERVED
29. WAS PREVIOUS CO 30.HAS ANY COMPANY APPLICANT? YES _ IF YES, GIVE DETAIL	EVER CANCELLE	D OR REFUSED TO R		
31. LIMIT OF LIABILITY [	DESIRED			
32. DEDUCTIBLE DESIR	ED			
33. PROPOSED EFFECT	IVE DATE			
	corporated therein, uthorize the release	should the Company ev	vidence its acceptance of	e basis of the policy of this application by issuance Brokers Insurance Agency,
Signature of Applicant*			Date:	
Title:				

\*SIGNING THIS FORM DOES NOT BIND THE APPLICANT, THE COMPANY OR BROKER TO COMPLETE THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.