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BLASTING CONTRACTORS SUPPLEMENTAL APPLICATION

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

Business Activities

Broker's Name: _____ Phone: _____ Fax: _____

Web site: _____ E-Mail Address: _____

Business Name (dba.): _____

Contact Person: _____ Phone: _____ Fax: _____

Contractor's License #: _____

1. Please estimate annual payroll, receipts and/or cost of subcontractors for the next 12 months:

Description of Operation	Number of Employees	Total Payroll	Total Receipts	Total Cost*
Blasting & Drilling	_____	\$_____	\$_____	\$_____
Street & Road Const.	_____	\$_____	\$_____	\$_____
Bridge Construction	_____	\$_____	\$_____	\$_____
Excavation	_____	\$_____	\$_____	\$_____
Quarry Work	_____	\$_____	\$_____	\$_____
Underground Mining	_____	\$_____	\$_____	\$_____
Building Demolition	_____	\$_____	\$_____	\$_____
Utility Work	_____	\$_____	\$_____	\$_____
Other: _____	_____	\$_____	\$_____	\$_____

* Subcontractor supplemental application is also required.

2. Please estimate annual blasting related receipts for the next 12 months:

Description of Operations	Total Receipts
Full service explosive including drilling/blasting of product	\$_____
Drilling only when no blasting or delivery of product is to be included in job	\$_____
Blasting only when no drilling or delivery of product is to be included in job	\$_____
Seismograph services only	\$_____

3. Geographic area types you work in:

Heavy Rock

Soft Rock

Fragmented Rock

4. Regarding use of explosives:

What is the number of shots performed during the past 12 months? _____

What is the estimated number of shots to be performed during the next 12 months? _____

5. Do all blasters have experience in the type of shooting you perform? Yes No

If no, please explain: _____

6. Who are the applicant's distributor(s)? _____

7. Do the applicant's distributor(s) deliver explosives to its job site, or does the applicant take delivery of the explosives off site and transport them? _____

8. If the applicant transports explosives, please provide details including how often and type of explosives transported: _____

9. If the applicant stores explosives, please provide location(s) and describe controls including entry, security, explosion venting, etc.: _____

10. If the applicant stores explosives, please describe exposures adjacent to each storage location:

To the Front: _____ Distance: _____

To the Rear: _____ Distance: _____

To the Left: _____ Distance: _____

To the Right: _____ Distance: _____

11. What is the radius or territory of the applicant's operations from your main location? _____

12. What percentage of work is done in urban areas? _____%

13. What percentage of work is done in undeveloped areas? _____%

14. If the applicant does quarry work, then please describe the public exposures that are within 2 miles of the quarry (i.e., the extent of development, schools, residential housing subdivisions, etc.): _____

15. Does the applicant use blasting mats when shooting in a developed area? Yes No

16. Does the applicant perform pre-blast surveys within 250 feet of the blast site? Yes No

If no, please explain: _____

17. Are pre-blast surveys performed by an independent surveyor? Yes No
 If yes, when and by whom: _____
 If yes, does the applicant:
- require the surveyor to carry general liability insurance? Yes No
 - require the surveyor to carry professional liability insurance? Yes No
 - require the surveyor to provide certificates of insurance? Yes No
 - require the surveyor to name them as an additional insured? Yes No
18. Is owner/contractor responsible for the pre-blast surveys? Yes No
 If yes, is that responsibility specifically addressed by the contract? Yes No
19. Does the applicant provide a hold harmless agreement to the customer? Yes No
 If yes, is a standard contract used? Yes No
 If yes, please enclose a sample.
20. Does the applicant require that all blasting logs be kept current? Yes No
 If no, please explain: _____

21. Number of years applicant has engaged in blasting: _____
22. Number of years under current management: _____
23. Number of years of management experience: _____
24. Is a trade association membership held? Yes No
 If yes, please describe: _____

Coverage History

Please attach the following:

1. Accord or comparable application.
2. Loss runs.
3. Claims details for each claim over \$5,000.
4. Current financial statement.
5. Resume(s) of owner(s) and key employee(s) including all blasters.
6. Descriptions of safety program and hiring practices.
7. Brochures or similar information.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name