



114 W. Magnolia St Ste 505, Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: info@bell-uw.com

BLASTING SUPPLEMENTAL

If blasting is performed, this form must be completed in addition to the Loggers General Liability Application.

Date: _____

Insured: _____ Producer: _____

1. Operations

1. How many times a year does the insured perform blasting operations? _____
2. Does the insured hold a current blasting license? Yes No If "No," please explain _____
3. What is the name and blasting certificate number of the person doing the blasting? _____
4. How many years experience does this person have? _____
5. Does the insured hire a subcontractor to perform blasting operations? Yes No If "Yes,"
 - A. How many times per year? _____
 - B. Is the subcontractor required to hold the insured harmless and name them as additional insured as part of the subcontract agreement? Yes No
 - C. Is the subcontractor required to provide a certificate of insurance? Yes No If "Yes,"
What are the required limits of liability? \$ _____
6. Does the insured ever perform blasting operations for others Yes No If "Yes,"
 - A. How many times per year? _____
 - B. What percentage of overall revenue is derived from blasting for others? _____%
7. Which of the following locations best describe the area in which the insured performs blasting operations?
Please indicate percentages.
Commercial Areas _____% Residential Areas _____% Rural Areas _____%
8. Is a pre-blast survey completed and are the findings recorded? Yes No If "Yes," by whom? _____
9. Is a post-blast survey completed and are the findings recorded? Yes No If "Yes," by whom? _____
10. Please describe the precautions taken to safeguard people and property:

11. Who monitors the ground and air vibrations? _____
12. How are ground and air vibrations measured? _____

13. What type of explosives are used? _____
14. What is the size of the typical blast? _____



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15. Does the insured store explosives? Yes No If "Yes,"
- A. How much is stored? _____
- B. Does the insured own a powder magazine Yes No If "Yes," how is it protected? _____
- C. Where are the explosives stored? _____
- D. How are the explosives secured? _____
- E. Are explosives stored overnight? Yes No If "Yes,"
 What security measures are taken? _____
- F. Does the insured meet Federal Storage regulations Yes No
 If "No," please explain _____
16. Does the insured transport explosives? Yes No If "Yes,"
- A. Are blasting caps and explosives transported in the same load? Yes No
- B. What safety precautions are taken? _____

2. Loss History – Specific to Blasting

Please list all known and/or reported losses (including claims where no loss payment was made) involving blasting for the past four (4) years (attach another sheet if necessary).

Date of Loss	Coverage	Description of Loss	Paid	Reserved	Status
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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3. Insured/Producer Signature

APPLICANT PLEASE READ

FRAUD WARNING:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: By signing below, I acknowledge that I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements and answers are a just, true and full exposition of all of the facts and circumstances with regard to the risk to be insured.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____