## BLASTING CONTRACTOR APPLICATION

PLEASE ANSWER ALL QUESTIONS.

**TSW Management Services Inc.**

International Insurance Wholesalers

1177 West Hastings Street, Suite 1730

Vancouver, BC V6E 2K3

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**Toll Free: 1 866 904-8146**

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. Name of Applicant:
2. Mailing Address:
3. Location Address(es):
4. Website Address:
5. Phone Number:
6. Number of Years in business under above name:
7. Types of blasting work undertaken:
8. Largest job undertaken:
9. Any other operations? (please provide full details)
10. Estimated Annual Receipts:
11. from Blasting operations:
12. from Other operations:
13. Are you required to blast in proximity of:

[ ]  Buildings %

[ ]  Structures %

[ ]  Gas or Oil Wells, Pipelines, Mines, Quarries %

[ ]  Overhead or Underground Hydro Lines %

[ ]  Public or Private Utilities %

 (such as Dams, Sewer Lines, Water Lines, Gas Lines, Water Wells)

1. What types of explosives are used?
2. Are log books maintained? [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| List of Powder Men or Blasters: | Years of Experience: | Indicate Licensee (if Unlicensed, please explain): |
|  |  |  |
|  |  |  |
|  |  |  |

1. Payroll:

|  |  |  |
| --- | --- | --- |
| Type of Work: | No. of Employees: | Wages/Salaries: |
|  |  |  |
|  |  |  |

14a) Are all employees covered under WSIB? [ ]  Yes [ ]  No

14b) If “No”, please list numbers by job description and estimated payroll.

1. . Describe work performed for Applicant by sub-contractors:

 15a) Total estimated annual payments: $

15b) Is evidence of Liability obtained from all sub-contractors? [ ]  Yes [ ]  No

15c) If “Yes” What Limit is required?

15d) If “No”, please explain:

* Does applicant have any agreements assuming liability? If so, please describe and provide copies [ ]  Yes [ ]  No
1. .When are seismographic controls and/or pre-blast surveys performed?
2. . Safety Precautions (please indicate when used):

a) Rock Blocks: [ ]  Yes [ ]  No

b) Matting or Logs: [ ]  Yes [ ]  No

c) Warning Signs: [ ]  Yes [ ]  No

d) Other Precautions:

1. Storage and Transportation

a) How are explosive stored?

b)How are they transported?

c) Are detonators carried separately from explosives?

d) Provide a sketch of vault/storage area showing distances from nearest structures, utilities, roads on a separate sheet.

1. .Does applicant presently carry insurance? [ ]  Yes [ ]  No

19a) If “Yes”, who is present insurer?

19b) Premium: $

19c) Limit: $

19d) Is present insurance Claims Made? [ ]  Yes [ ]  No

i) If “Yes”, state retro date:

1. Please provide a 5 year loss run
2. Are you aware of any other incidents which may result in claims against you: [ ]  Yes [ ]  No

21a) If “Yes”, give details:

1. .Non-Owned Automobile:

22a)Number of employees using their cars on company business: Regularly: Occasionally:

22b)Estimated annual cost of hired cars: $

22c)Estimated annual cost of cars operated under contract:

1. .Accident Prevention and First Aid:

23a) First Aid Post: [ ]  Yes [ ]  No

23b) Doctors: Full Time: Part Time:

23c) Nurses: Full Time: Part Time:

1. Fire Alarm – Other Warning Systems:
2. Is there a security officer or are there loss prevention engineers employed? [ ]  Yes [ ]  No
3. Please indicate limit(s) of liability required:

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED:

APPLICANT’S SIGNATURE:

Broker Name:

Address:

Phone No.: