



BLASTING QUESTIONNAIRE

This questionnaire is to be completed by the Proponent/Insured where Blasting Activities are performed. This questionnaire should be completed in conjunction with the ISP Proposal Form and any other questionnaires relevant for the purpose of underwriting consideration for Section 7 Broadform Liability of the ISP.

Name of Proponent/Insured: _____

Policy Number: _____

Limit of Liability Required: \$ _____

1) Full description of operations and activities (including a percentage split between operations)

- Drilling _____ %
- Blasting _____ %
- Earthmoving _____ %
- Underground Mining _____ %
- Structural Demolition _____ %
- Other (please specify) _____ % _____

Details of Your and Your employees experience with blasting operations? (including number of continuous years in business)

2) Turnover / Payroll

- (a) Actual turnover for the last 12 months \$ _____
- (b) Estimated annual turnover \$ _____
- (c) Estimated annual payroll \$ _____
- (d) Estimated annual payments to Labour Hire/contractors/subcontractors \$ _____

3) Labour Hire / Contractors / Sub-Contractors

(a) Estimated number of Labour Hire / contractors / sub-contractors to be used in the next 12 months

(b) Nature of work conducted by Labour Hire / Contractors / Sub-Contractors

(c) Are Contractors/Sub-Contractors required to carry their own Public Liability policy noting You as Principal? **Yes** **No**

(d) Do you want to insure your legal liability for Personal Injury to Labour Hire / Contractors / Sub-Contractors? **Yes** **No**



4) Licences / Permits:

(a) Do all persons involved with blasting operations hold relevant licences/permits? **Yes** **No**

(b) Please list and supply copies of all licence/permit number(s)

(c) Please provide details of your licence/permit restriction/capacity below:

- | | |
|---|--|
| <input type="checkbox"/> Safety Fuse | <input type="checkbox"/> Quarrying & Open-Cut Mining |
| <input type="checkbox"/> Electrical Firing | <input type="checkbox"/> Construction |
| <input type="checkbox"/> None (no licence) | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Nil Restrictions | <input type="checkbox"/> Submarine |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Tunnelling & Underground Mining |
| <input type="checkbox"/> Seismic | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Restricted to outside built up areas | |

(d) Have licence/permits ever been cancelled? **Yes** **No**

If Yes, please advise reason why cancelled:

(e) Number of years licence/permit has been held _____ Years

5) Operations

(a) List the top five projects/contracts for the past 12 months

(b) Do You assume liability under contract or hold others harmless? **Yes** **No**

If Yes, please provide full details and attach copies of all agreements (other than lease liability)

(c) Frequency and size of Blasts carried out

(d) Proximity of nearest property(ies) &/or public road way(s)



(e) (i) Are buildings in close proximity to the blast checked for damage prior to blasting? **Yes** **No**

(ii) Please detail monitoring equipment used in this regard

(iii) Are buildings checked during the contract for signs of damage? **Yes** **No**

6) Safety Procedures

(a) Please provide specific details of site evacuation procedures engaged prior to Blasting

(b) Are operations completed in accordance with all government &/or industry regulations? **Yes** **No**

(c) Are the necessary permits obtained prior to the commencement of each contract? **Yes** **No**

(d) Are all explosives stored in a licensed magazine? **Yes** **No**

(e) Please provide details of the location(s) & quantities of explosives stored

7) Claims

Detail claims experience including uninsured losses for the last five years:

Date Of Loss	Amount Paid and Outstanding	Applicable Excess	Description of Claim

8) Detail any other pertinent information:



Declaration & Signature

I/We declare that:

1. All of the information provided in this Questionnaire provided by or on My/Our behalf and any accompanying documents is correct.
2. I/We have checked to ensure that all of the information in handwriting other than mine in this Questionnaire and in any accompanying documents is correct.

Signed: _____ Date: _____

Print Name: _____ Position: _____