



Please return completed application to:
TEXAS AGA, INC.
 Attn: Explosives Department
 4205 Beltway, Addison, Texas 75001
 972-980-9484 ● Fax # 972-980-9481 ● Toll Free # 800-875-9484

APPLICATION FOR EXPLOSIVES INSURANCE

Named Insured: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Insurance Contact: _____ E-Mail: _____
 Safety Contact: _____ Audit Contact: _____
 Federal Employers' Tax ID # (First Named Insured): _____ Years in Business _____
 List of States you are operating in _____ Current Policy Expiration Date: _____

I. LIST ALL NAMED INSUREDS AND DESCRIBE OPERATIONS

Named Insureds	Type of Business (i.e Corp, Partnership, Individual, Other)	Description of Operations

II. COVERAGES TO BE QUOTED (Check if applicable)

	<u>Amount</u>
<input type="checkbox"/> GENERAL LIABILITY (\$1,000,000 Per Occ./\$2,000,000 Agg.)	
<input type="checkbox"/> Employee Benefits Liability	\$ _____
<input type="checkbox"/> Stop Gap Liability	\$ _____
<input type="checkbox"/> BUSINESS AUTOMOBILE LIABILITY (\$1,000,000 CSL)	
<input type="checkbox"/> Automobile Liability Deductible Requested	\$ _____
<input type="checkbox"/> EXCESS LIABILITY	\$ _____
<input type="checkbox"/> MOTOR TRUCK CARGO LIABILITY	\$ _____
<input type="checkbox"/> PROPERTY	\$ _____
<input type="checkbox"/> CONTRACTORS EQUIPMENT	\$ _____
<input type="checkbox"/> OTHER (Describe)	\$ _____

III. ATTACH INFORMATION REGARDING ADDITIONAL INSURED

IV. ESTIMATED ANNUAL GROSS SALES

A. Distribution of Explosives & Supplies		
1. Standard Delivery	\$	_____
2. Down-the-Hole Delivery (Not responsible for blast)	\$	_____
3. Common Carrier/Customer Pickup	\$	_____
4. Brokered Sales (Paper transaction)	\$	_____
TOTAL A	\$	_____
B. Blasting Service Operations (Includes cost of product, delivery & all fees)		
1. Full Service - Drill & Shoot*	\$	_____
2. Blasting Only Services*	\$	_____
3. Drilling Only Services*	\$	_____
<i>(*ATTACH SAMPLE COMPLETED BLASTING AND DRILL LOGS)</i>	\$	_____
TOTAL B	\$	_____
C. Non Explosives Operations		
1. Seismograph Services (Performed for others)	\$	_____
2. Pre-Blast Survey (Performed for others)	\$	_____
3. Hydraulic Rock Splitting	\$	_____
4. Accessory Sales – Describe _____	\$	_____
5. Other Operations – Describe _____	\$	_____
TOTAL C	\$	_____
GRAND TOTAL (A + B + C)	\$	_____

NOTE: ACTUAL PAYROLL AND SALES WILL BE AUDITED AT POLICY EXPIRATION

V. PROVIDE PAYROLL DATA

State	Total Payroll



VI. WORKERS COMPENSATION PAYROLL DATA (Annual)

	STATE	# OF EMPLOYEES	CATEGORY	PAYROLL
A.	_____	_____	Clerical	\$ _____
	_____	_____	Blasters	\$ _____
	_____	_____	Drillers	\$ _____
	_____	_____	Explosives Distributors	\$ _____
	_____	_____	Salesmen - Outside	\$ _____
	_____	_____	Executive Officers	\$ _____
	_____	_____	Other	\$ _____
	_____	_____		\$ _____
B.	_____	_____	Clerical	\$ _____
	_____	_____	Blasters	\$ _____
	_____	_____	Drillers	\$ _____
	_____	_____	Explosives Distributors	\$ _____
	_____	_____	Salesmen - Outside	\$ _____
	_____	_____	Executive Officers	\$ _____
	_____	_____	Other	\$ _____
	_____	_____		\$ _____
C.	_____	_____	Clerical	\$ _____
	_____	_____	Blasters	\$ _____
	_____	_____	Drillers	\$ _____
	_____	_____	Explosives Distributors	\$ _____
	_____	_____	Salesmen - Outside	\$ _____
	_____	_____	Executive Officers	\$ _____
	_____	_____	Other	\$ _____
	_____	_____		\$ _____

CURRENT WORKERS' COMPENSATION EXPERIENCE MODIFICATION (if known) _____

Note: If you desire a quote for Workers Compensation, the Workers Compensation Supplemental Application will need to be completed also.

VII. LIST MANUFACTURERS OF PRODUCTS DISTRIBUTED OR USED:

- Austin Dyno Ensign Bickford/Trojan
 ICI/Orica Nelson Slurry Other _____

VIII. LIST EXPLOSIVE MANUFACTURING OPERATIONS

Product Type/Sizes/Classification (Water Gel, Emulsion/Packaged Products/Small Diameter, etc.)

1. _____
2. _____
3. _____
4. _____

IX. LIST PHYSICAL LOCATIONS (including office, garage) AND TYPE OF MANUFACTURING/ PACKAGING OPERATION SITES (ANFO/Emulsion/Blend Water Gel/Bagging Facilities):

1. _____
2. _____
3. _____
4. _____

X. LIST PHYSICAL ADDRESS OF ALL MAGAZINE SITES:

1. _____
2. _____
3. _____
4. _____

XI. PROVIDE BLASTING SALES BREAKDOWN:

Coal - Open Pit	_____	%
Quarry	_____	%
Construction (Road/Site/Utility)	_____	%
Site Preparation	_____	%
Seismic Exploration	_____	%
Other (Explain) _____	_____	%
TOTAL	100%	%

XII. DO EMPLOYEES WORK IN UNDERGROUND MINES?

- Yes No



If YES, describe activities (i.e. technical assistance, blasting operations, delivery, etc.)

XIII. IS DEMOLITION WORK CONDUCTED?

Yes No

If YES, provide average number of demolition projects per year _____

If YES, describe (i.e. structures-number of stories, bridges, piers, abutments, foundations, etc.)

AUTOMOBILE INFORMATION

I. Do you haul explosives?

Yes No

If NO, who hauls explosives for you? _____

II. Are you a Common Carrier?:

(ICC Docket #) _____

Yes No

III. Please list required State PUC Filings:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

IV. Does your organization backhaul?

Yes No

If YES, describe commodities hauled:

PLEASE LIST & IDENTIFY EACH VEHICLE ON THE "AUTOMOBILE COVERAGE/VEHICLE INFORMATION PAGE (ATTACHED). Include with your vehicle use such descriptions as yard dogs - NLR- not licensed for road, mine-site use only - drop trailers.

AUTOMOBILE COVERAGE
Vehicle information
(Attach schedule from current policy if available)

YEAR	MAKE & MODEL	COST NEW	SERIAL NUMBER	GARAGED LOCATION	RADIUS	USE	GVW	CLASS *CODE
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

RADIUS CODE: A-Local (0-50 Miles) B-Intermediate (51-200 Miles) C-Long Distance (>200)

USE CODE: P-Personal Use C-Commercial Use E-Transportation of Explosives

PLEASE CHECK DESIRED COMPREHENSIVE/COLLISION DEDUCTIBLES:

Actual Cash Value Less \$250/\$250 \$500/\$500 \$1,000/\$1,000 Other (Specify) _____

*To be completed by Agent

ATTACH LEINHOLDER INFORMATION



DRIVER INFORMATION

INSURED'S NAME: _____

NAME OF DRIVER	POSITION (i.e. Lead Blaster...)	LICENSE #	SOCIAL SECURITY #	DATE OF BIRTH	STATE LICENSED IN

EXHIBIT A: LIST ALL BLASTERS BELOW AND SUBMIT WITH A COMPLETED BLASTER PROFILE ON EACH INDIVIDUAL

(Attach additional sheet if necessary)

Name of Blaster	Profile Attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

BLASTER PROFILE

Blaster Name: _____ Date of Birth: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Current Employer: _____

BLASTING LICENSE(S): List state, license number and type

State	Number	Type

EXPLOSIVES TRAINING/EDUCATION: List dates, courses taken, and location

Date	Course	Location

Have you completed seismic monitoring and equipment training? Yes No

If YES, are training records available? Yes No

WORK HISTORY: List current employer, past employers, dates employed, and type of work in which you were involved.

Dates Employed	Employer	Type of Work

WORK HISTORY: Check appropriate box(es) and indicate years of experience beside each

-BLASTING EXPERIENCE-

Quarries/ _____
 Trench/ _____
 Construction/ _____
 TOTAL YEARS _____
 Demolition/ _____
 Underground Blasting/ _____
 Other _____ / _____
HOLE DIAMETER:
 Up to 3 in.
 3 in. to 6 in.
 6 in. and up

-PRODUCT EXPERIENCE-

Sequential Timer
 Electric Detonators
 Non Electric Detonators
 Bulk
 Packaged
 NG Products
 Detonating Cord
 Other

HAVE YOU EVER BEEN INVOLVED IN A BLASTING INCIDENT THAT RESULTED IN DAMAGE OVER \$10,000?

Yes No If YES, describe: _____

HAVE YOUR LICENSE EVER BEEN REVOKED? Yes No If YES, explain: _____

I attest to the above being true and accurate

Signature: _____ Date: _____

-For Insurance Use Only-

I. ADDITIONAL INFORMATION (Answer the following and describe any "Yes" Answers).

1. Do any operations include tunneling, underground work or earth moving? Yes No
-
2. Are there any guarantees, warranties, or hold harmless agreements in effect?
If YES, attach copies _____ Yes No
-
3. Are hold harmless agreements obtained when blasting in close proximity to buildings and other structures, including sewer, water, gas and power lines? Yes No
-
4. Are subcontractors used? Yes No
If YES, to whom is work subbed? _____
Is a certificate of insurance obtained to prove sub has limits and coverage at least as high as yours? Yes No
Is a hold harmless obtained for any sub contract work? Yes No
-
5. Is any work sublet without Certificates of Insurance? Yes No
-
6. Are pre-blast surveys performed and documented on structures within 500 feet of all blasts. If NOT, please explain. Yes No
-
7. Do you perform your own seismic monitoring? Yes No
-
8. Do you use an outside party for seismic monitoring? Yes No
-
9. What percentage of your shots do you use: Pre-Blast Surveys _____ %
Blasting Mats _____ % Seismograph _____ %
If Blasting Mats are NOT used, explain why. _____
-
10. Do you keep your drilling and blasting logs for all shots on permanent file at a main office location? Yes No
-
11. Do you obtain drilling records or logs when the drilling is done by others? Yes No
-
12. Do you only use full time employees or sub contractors to plan, load and initiate blasts? Yes No
-

13. Do you lease equipment to others with or without operators? Yes No
-
14. Does applicant install, service or demonstrate products? Yes No
-
15. Are foreign products sold, distributed, or used as components? Yes No
-
16. Have you had any products recalled, discontinued or changed? Yes No
-
17. Are products of others sold or re-packaged under your label? Yes No
-
18. Are your products sold under a label of others? Yes No
-
19. Have any operations been sold, acquired, or discontinued in the last five years? Yes No
-
20. Is any research and development and/or new products planned? Yes No
-
21. Is a formal safety program in operation? Yes No
-
22. What on-going documented technical training do you have for employees who handle or use explosives?
-
23. Do you currently have drug and alcohol programs in place? Yes No
-
24. Does your hiring practices include drug testing, road testing and reviewing MVR's? Yes No
-
25. Does your company currently have a pension/profit sharing plan? Yes No
 If, YES, do you have a person designated as being responsible for the administration of the plan? Yes No
 Who is this person? Yes No
 Do they have an orientation of the plan and a signed acknowledgement by the employee stating that they understand their benefits? Yes No
-
26. Are pre-employment physicals required? Yes No
-
27. Are all blasters licensed when required by the State? Yes No
-

28. Are you engaged in any other type of business or offer training programs? Yes No
-
29. Are job site magazines used? Yes No
-
30. Is any work performed on or from barges, vessels, docks or underwater? Yes No
-
31. Do you own, operate, or lease aircraft and/or watercraft? Yes No
-
32. Are athletic teams sponsored? Yes No
-
33. Do any vehicles listed on the vehicle schedule have permanently attached truck mounted drills?
If YES, indicate which vehicle numbers and the cost of the drill and chassis. Yes No
-
34. Are the vehicles listed on the schedule registered in the company name? Yes No
-
35. Do you have any vehicles owned by your company that are not listed on the vehicle schedule?
If YES, indicate where these vehicles are insured. Yes No
-
36. Do you own any vehicles in you or your spouse's personal name that are insured elsewhere?
If YES, Driver Other Car Coverage is not needed. Yes No
-
37. Do you desire a quotation for Non-Owned, Hired or Rented Automobile Physical Damage Coverage?
If YES, how often do you normally rent vehicles during a 12 month period? Yes No
If YES, note vehicle limit (value) _____
-
38. What is your company policy for personal use of company vehicles? _____
-
39. If you supply company vehicles to employees for their use, do they have personal insurance on any other vehicle?
If NO, please explain. Yes No

-

INLAND MARINE
Contractors Equipment Schedule

	YEAR, MAKER'S NAME & MODEL	SERIAL NUMBER	VALUE(\$)*
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____
10.	_____	_____	\$ _____
11.	_____	_____	\$ _____
12.	_____	_____	\$ _____
13.	_____	_____	\$ _____
14.	_____	_____	\$ _____
15.	_____	_____	\$ _____
16.	_____	_____	\$ _____
17.	_____	_____	\$ _____
18.	_____	_____	\$ _____
19.	_____	_____	\$ _____
20.	_____	_____	\$ _____

LIENHOLDERS: _____

*ACTUAL CASH VALUE ONLY

PROPERTY COVERAGE
Schedule of Locations & Values

LOCATION #1

Address: _____

Use of premises (i.e., office, mix plant, etc.): _____

Do you own or rent the premises? Own Lease Date Built: _____

Building Construction: _____

Has building been updated? Yes No If Yes, please describe

Total Square Footage: _____ sq. ft. Total number of stories: _____

Is building sprinklered? Yes No

Building Value: \$ _____ Replacement Cost: Actual Cash Value

Contents Value: \$ _____ Replacement Cost: Actual Cash Value

Loss of Income Value: \$ _____ Computer Equipment Values: \$ _____

Additional Expense Values:: \$ _____ Computer Software Values:: \$ _____

Lienholders: _____

LOCATION #2

Address: _____

Use of premises (i.e., office, mix plant, etc.): _____

Do you own or lease the premises? Own Lease Date Built: _____

Building Construction: _____

Has building been updated? Yes No If Yes, please describe

Total square footage: _____ sq. ft. Total number of stories: _____

Is building sprinklered? Yes No

Building Value: \$ _____ Replacement Cost Actual Cash Value

Contents Value: \$ _____ Replacement Cost Actual Cash Value

Loss of Income Value: \$ _____ Computer Equipment Values: \$ _____

Additional Expense Values: \$ _____ Computer Software Values: \$ _____

Lienholders: _____

PROPERTY COVERAGE
Schedule of Locations & Values

LOCATION #3

Address: _____

Use of premises (i.e., office, mix plant, etc.): _____

Do you own or rent the premises? Own Lease Date Built: _____

Building Construction: _____

Has building been updated? Yes No If Yes, please describe

Total Square Footage: _____ sq. ft. Total number of stories: _____

Is building sprinklered? Yes No

Building Value: \$ _____ Replacement Cost: Actual Cash Value

Contents Value: \$ _____ Replacement Cost: Actual Cash Value

Loss of Income Value: \$ _____ Computer Equipment Values: \$ _____

Additional Expense Values: \$ _____ Computer Software Values: \$ _____

Lienholders: _____

LOCATION #4

Address: _____

Use of premises (i.e., office, mix plant, etc.): _____

Do you own or lease the premises? Own Lease Date Built: _____

Building Construction: _____

Has building been updated? Yes No If Yes, please describe

Total square footage: _____ sq. ft. Total number of stories: _____

Is building sprinklered? Yes No

Building Value: \$ _____ Replacement Cost Actual Cash Value

Contents Value: \$ _____ Replacement Cost Actual Cash Value

Loss of Income Value: \$ _____ Computer Equipment Values: \$ _____

Additional Expense Values: \$ _____ Computer Software Values: \$ _____

Lienholders: _____

INSURANCE INFORMATION

LIST PRIOR INSURANCE COMPANIES AND CORRESPONDING POLICY PERIODS

Insurance Company	Policy Period
_____	TO _____
_____	TO _____
_____	TO _____
_____	TO _____
_____	TO _____

Has your current or any prior insurance company cancelled coverage or given non-renewal notice for any reason? Yes No
 If YES, explain _____

Current General Liability Property Damage Deductible: \$ _____

FIVE YEAR PREVIOUS CLAIMS
***ATTACH INSURANCE COMPANY FIVE-YEAR LOSS RUNS**
 (If attaching five year company loss information reports, do not complete the section below)

	NUMBER OF CLAIMS	TOTAL LOSS INCURRED
1. Comprehensive General Liability	_____	_____
2. Comprehensive Automobile Liability	_____	_____
3. Workers' Compensation	_____	_____
4. Property	_____	_____
5. Contractors Equipment	_____	_____

LIST ALL LOSSES OVER \$10,000

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS, CORRECTIVE MEASURES (If Applicable)	AMOUNT PAID	RESERVE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RECAP

PLACE A CHECKMARK NEXT TO EACH ITEM ATTACHED

- Completed Quarry/Mine Blasting Log
- Completed Construction Blasting Log
- Completed Drill Log
- Drivers' Information (Name, License #/State, Date of Birth)
- Blaster Profiles
- Applicable Guarantees, Warranties, or Hold Harmless Agreements
- Current Five-Year Loss Runs
- Filing Information (PUC, ICC, Form E, Form H)
- Workers Compensation Supplemental Application

Insured's Name: _____

Title: _____

Signature: _____

Date: _____