



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)**

**Amount**

GENERAL LIABILITY (\$1,000,000 Per Occ./\$2,000,000 Agg.)  
 Employee Benefits Liability \$ \_\_\_\_\_  
 Stop Gap Liability \$ \_\_\_\_\_  
 BUSINESS AUTOMOBILE LIABILITY (\$1,000,000 CSL)  
 Automobile Liability Deductible Requested \$ \_\_\_\_\_  
 EXCESS LIABILITY \$ \_\_\_\_\_  
 MOTOR TRUCK CARGO LIABILITY \$ \_\_\_\_\_  
 PROPERTY \$ \_\_\_\_\_  
 CONTRACTORS EQUIPMENT \$ \_\_\_\_\_  
 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\* \$ \_\_\_\_\_

(\*ATTACH SAMPLE COMPLETED BLASTING AND DRILL LOGS)

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)**

	<b>STATE</b>	<b># OF EMPLOYEES</b>	<b>CATEGORY</b>	<b>PAYROLL</b>
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) _____	_____	%
<b>TOTAL</b>	<b>100%</b>	<b>%</b>

**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**

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	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: \_\_\_\_\_

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\*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**

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**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: \_\_\_\_\_