



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* \$ _____

(*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)

	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

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: _____