

## TRADES & CONTRACTORS – Blasting Liability Survey

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Name of Applicant:						
Address:						
1.	In which areas do you operate?					
	Experience of Principal(s):					
2.	Describe general nature of your operations (e.g. logging road or highway construction, urban blasting contractor, etc.):					
	Municipal / Subdivision: % Remote Areas: %					
3.	Gross Annual Receipts Derived From:		Drilling		\$	
			Blasting		\$	
			Other (Desc	ribe):	\$	
4.	Number of Drilling Rigs Owned or Operated:					
	Other Mobile Equipment (e.g. Loaders):					
5.	Description of largest three projects you have successfully completed in the last <b>twelve (12)</b> months:					
6.	Do You Engage In:	Underground Mir	ing? 🗌 YES	□NO	Pipeline Work?	☐ YES ☐ NO
		Work at/near Mill	s? 🗌 YES	□NO	Underwater Work?	☐ YES ☐ NO
		Demolition?	☐ YES	□NO		
7.	Is Pre-Blast Survey on Adjacent Properties Conducted? ☐ YES ☐ NO					
	If YES, By Whom?					
8.	What Limit of Clearspace is required for Usual Operations?					
9.	Does Insured Use Seismograph to Monitor Vibrations? ☐ YES ☐ NO					
10.	What is your usual method of preventing debris flying?					
11.	Please provide copy Fire Safety & Prevention Manual.					
PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.  The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.  NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.						
	Signature of applicant				Date	
	Broker Name				Date	
Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business aregion - please refer to specific quote for declaration of the underwriting insurance company(s).						
** Email application and attachments to - <u>newbizcommercial@premiergroup.ca</u> **  Vencenues T 504 660 5344						