



**Incidental Blasting Exposures**  
**To be used with Commercial General Liability Application (Acord 125)**

1. # of Years blasting experience & License # \_\_\_\_\_
2. Provide complete description of applicant's blasting operations:  
\_\_\_\_\_  
\_\_\_\_\_
3. What protection is afforded to general public (barricades, posting, public warning, siren or other audible warning)?  
\_\_\_\_\_  
\_\_\_\_\_
4. Does applicant perform blasting within 100 ft of any structure? ☐ Yes ☐ No
5. Are all charges set and detonated by licensed personnel? ☐ Yes ☐ No
6. Does applicant store any explosives? ☐ Yes ☐ No
7. If yes, provide complete details:  
\_\_\_\_\_  
\_\_\_\_\_
8. Where is it Stored? \_\_\_\_\_
9. Maximum Quantity \_\_\_\_\_
10. Average length of time on premises \_\_\_\_\_
11. Does applicant transport any explosives? ☐ Yes ☐ No
12. If not, how are explosives transported? \_\_\_\_\_
13. Auto liability in force for this exposure? ☐ Yes ☐ No
14. Does applicant sub-contract any blasting work? ☐ Yes ☐ No
15. Certificates of insurance obtained prior to work performed? ☐ Yes ☐ No
16. What limits are required from subs? \_\_\_\_\_
17. Is applicant named AI with hold harmless indemnification? ☐ Yes ☐ No
18. What % of Gross Sales is attributed to Blasting operations? \_\_\_\_\_
19. Estimated # of blasting jobs per year: \_\_\_\_\_
20. Estimated Cost of Sub-Contracted blasting work: \_\_\_\_\_

The information contained herein is true and correct, and that is shall be the basis of the policy of insurance for which application is being made. It shall be deemed as incorporated therein should the Company evidence its acceptance of this application by issuance of a policy of insurance. By signing this application it does not bind the Company nor the Underwriting Manager to any coverage or obligation to provide coverage requested herein.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_