



Explosives Insurance Application

PRODUCER INFORMATION

Company: _____
 Address: _____
 City, State, Zip _____ Phone: (____) _____
 Contact: _____ Fax: (____) _____ Email: _____
Quote Needed
By: _____

IMPORTANT INSTRUCTIONS

PLEASE ANSWER ALL QUESTIONS COMPLETELY. If the question does not apply please indicate "N/A".

Named Insured: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address: (if different from above) _____
 City: _____ State: _____ Zip: _____
CA Residents – Please review the Privacy Notice for CA Residents @ lancerinsurance.com
 Insurance Contact: _____ Office Phone: (____) _____
 Fax: (____) _____ Email: _____ Cell Phone: (____) _____
 Years in Business: _____ Principal/Owner: _____

I. LIST ALL NAMED INSURED AND DESCRIBE OPERATIONS (If more space is required please attach a separate sheet of paper)

| Named Insureds | Type of Business (i.e., Corp, Partnership, Individual, Other) | Description Of Operations |
|----------------|---|---------------------------|
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Are any named insureds or any principals of the named insureds named above including owners, shareholders, officers or directors, involved in or operate any other business? (Include in this response any business operated in a separate entity or operated as part of any business entity listed above).

Yes No

If yes, identify each business or operation below.

| Name of Business | Type of Business | Description Of Operations |
|------------------|------------------|---------------------------|
| | | |
| | | |
| | | |

II. ATTACH INFORMATION REGARDING ADDITIONAL INSURED

Comments, if any: _____

III. COVERAGES TO BE QUOTED (Check if applicable)

| | <u>Amount</u> |
|---|-------------------------|
| <input type="checkbox"/> GENERAL LIABILITY | \$1,000,000/\$2,000,000 |
| <input type="checkbox"/> Deductible Requested (* Collateral Required) | _____ |
| <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"/> EXCESS LIABILITY | _____ |
| <input type="checkbox"/> MOTOR TRUCK CARGO LIABILITY | _____ |
| <input type="checkbox"/> Deductible Requested (\$2,500 Minimum) | _____ |

** On deductibles, both collateral and signed deductible security agreement required*

AUTOMOBILE INFORMATION

I. COMPLETE ACORD FORM AND ATTACH WITH DRIVERS' INFORMATION

Do you haul explosives? Yes No
 If NO, who hauls explosives for you? _____

II. Are all owned or leased vehicles listed in this application? Yes No
 If NO, are any owned or leased vehicles insured by another insurance company or self-insured group? Yes No
 If YES, please attach a separate sheet of paper with explanation.

III. HIRING

Do you do background checks on prospective drivers? Yes No
 Do you review MVR's of prospective drivers prior to hiring? Yes No
 Do you drug test prospective employees? Yes No

IV. TRAINING

Please describe training provided to your drivers once they are hired: _____

V. RISK MANAGEMENT

Do you regularly order MVR's on your drivers? Yes No
 Do you maintain driver history records including number and types of accidents or violations? Yes No

VI. VEHICLE MAINTENANCE

Do you do regular vehicle inspections? Yes No
 Do you have a scheduled preventive maintenance program? Yes No

VII. DO YOU PROVIDE VEHICLES TO EMPLOYEES FOR PERSONAL USE?

Yes No

Do you have a written policy? (if yes, please provide)

Yes No

How is your policy enforced? _____

VIII. PROVIDE FOR FIRST NAMED INSURED

Federal Employers' Tax ID # _____

MC # _____

US DOT # _____

ADDITIONAL INFORMATION

ANSWER THE FOLLOWING AND DESCRIBE ANY "YES" ANSWERS

A. Are there any guarantees, warranties, or hold harmless agreements in effect? Yes No

If *YES*, attach copies

Explain: _____

B. Are subcontractors used? Yes No

Explain: _____

C. Is any work sublet without Certificates of Insurance? Yes No

Explain: _____

D. Do you operate under any Consolidated (wrap-up) Insurance Programs ("CIP") provided by the prime contractor/project manager or owner of a construction project in which you are involved? Yes No

If yes, describe all Wrap-Ups indicating contractor, full job details and description (in order for revenues or sales included on a CIP to be excluded from the auditable exposure, an exclusionary endorsement must be issued on the policy during the policy term):

E. Do you lease equipment to others with or without operators? Yes No

Explain: _____

F. Do you install, service or demonstrate products? Yes No

Explain: _____

G. Have any operations been sold, acquired, or discontinued in the last five years? Yes No

Explain: _____

H. Is a formal safety program in operation? Yes No

Explain: _____

I. Do you currently have drug and alcohol programs in place? Yes No

Explain: _____

J. Do you offer training programs to others? Yes No

Explain: _____

K. Is any work performed on or from barges, vessels, docks or underwater? Yes No

Explain: _____

L. Do you own, operate, or lease aircraft and/or watercraft? Yes No

Explain: _____

INSURANCE INFORMATION

I. LIST ALL 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: _____

II. ATTACH INSURANCE COMPANY CURRENT FIVE-YEAR LOSS RUNS

III. LIST ALL LOSSES OVER \$25,000

| Date of Loss | Type of Loss | Description of Loss, Corrective Measures <i>(If Applicable)</i> | Amount Paid | Reserve |
|--------------|--------------|--|-------------|---------|
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RECAP

PLACE A CHECKMARK NEXT TO EACH ITEM ATTACHED AND INDICATE THE NUMBER OF PAGES PROVIDED

| <u>ATTACHMENTS</u> | <u>NUMBER OF PAGES</u> |
|--|------------------------|
| <input type="checkbox"/> Additional Insured Listing (Full Address Required) | _____ |
| <input type="checkbox"/> Auto Acord Form | _____ |
| <input type="checkbox"/> Completed Quarry/Mine Blasting Log | _____ |
| <input type="checkbox"/> Completed Construction Blasting Log | _____ |
| <input type="checkbox"/> Completed Drill Log | _____ |
| <input type="checkbox"/> Drivers' Information (Name, License #/State, Date of Birth) | _____ |

- Blaster Profiles _____
- Applicable Guarantees, Warranties, Or Hold Harmless Agreements _____
- Current Five-Year Loss Runs _____
- Filing Information _____

MANDATORY STATE FRAUD WARNINGS

ALABAMA: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.”

ARKANSAS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

CALIFORNIA: “FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THE FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.”

COLORADO: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

DISTRICT OF COLUMBIA: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

FLORIDA: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.”

HAWAII: “FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.”

KENTUCKY: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

LOUISIANA: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

MAINE: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.”

MARYLAND: “ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NEW JERSEY: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NEW MEXICO: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

OHIO: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

OKLAHOMA: “WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.”

OREGON: “ANY PERSON WHO, WITH THE INTENT TO KNOWINGLY DEFRAUD AN INSURER, MAKES A WILLFUL OR INTENTIONAL MISSTATEMENT, MISREPRESENTATION, OMISSION OR CONCEALMENT OF INFORMATION THAT IS MATERIAL TO THE RISK INSURED MAY BE GUILTY OF INSURANCE FRAUD. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS MUST EITHER BE FRAUDULENT OR MATERIAL TO THE INTERESTS OF THE INSURER IN ORDER FOR THE INSURER TO ASSERT A RIGHT TO REMEDY.”

PENNSYLVANIA: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

RHODE ISLAND: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

TENNESSEE: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

VIRGINIA: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

WASHINGTON: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

WEST VIRGINIA: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

ALL OTHER STATES: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.”

NEW YORK: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.”

I certify that the information contained on this application is true and accurate to the best of my knowledge.

Insured's Name _____ Title: _____

Insured's Signature: _____ Date: _____