



QUARRY SUPPLEMENTAL APPLICATION

An ACORD application form must be submitted in addition to this supplemental application.

Insured Information

Insured Name: _____

Phone Number: _____

Mailing Address: _____

ACTIVE QUARRY LOCATIONS

Location	Address	Products

1. OPERATIONS

A. Provide the insured's payroll and receipts for each of the following operations:

Major Operations	Payroll	Receipts
Sand and gravel	\$ _____	\$ _____
Crushed Stone	\$ _____	\$ _____
Dimension Stone (e.g., granite, marble)	\$ _____	\$ _____
Specialty Use Sand	\$ _____	\$ _____
Trucking/Hauling	\$ _____	\$ _____

B. If the insured produces dimension stone or specialty sand, specify the type(s) produced and their intended uses.

C. Does the insured conduct any dredging operations from barges or vessels? ☐ Yes ☐ No

If yes, describe the operations and identify the bodies of water involved.

D. Does the insured lease or rent equipment to others? ☐ Yes ☐ No

If yes, provide the following details:

- Type of equipment leased/rented:
- With operator or without operator:
- Annual receipts from leasing/renting equipment: \$ _____

E. Does the insured lease or rent equipment from others? ☐ Yes ☐ No If yes, provide the following details:



- Type of equipment leased/rented:
- With operator or without operator:
- Expected annual cost for leased/rented equipment: \$

2. RISK CONTROL

A. EQUIPMENT

1. Does the insured maintain a written and documented preventive maintenance program? ☐ Yes ☐ No
Who performs the maintenance? ☐ Employees ☐ Outside service providers
 2. What measures are in place to prevent equipment theft?
 - Is equipment registered with the National Equipment Registry (NER) or is it a similar service? ☐ Yes ☐ No
 - Is equipment equipped with LoJack or other tracking devices? ☐ Yes ☐ No
 - Is a security guard present during non-working hours? ☐ Yes ☐ No
 - Are ignition-disabling devices used? ☐ Yes ☐ No
 - Please describe any additional theft prevention methods:
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B. BLASTING OPERATIONS (if applicable)

1. Does the insured perform blasting operations in-house or subcontract them? ☐ In-house ☐ Subcontracted
If blasting is performed (either directly or subcontracted), complete the following:
 - a) Are pre-blast surveys conducted to document existing conditions of surrounding properties? ☐ Yes ☐ No
 - b) Is vibration monitoring conducted during blasting? ☐ Yes ☐ No
 - c) Are post-blast inspections or surveys completed? ☐ Yes ☐ No
 - d) Is a blasting log maintained? ☐ Yes ☐ No
 - e) Are explosives stored on-site? ☐ Yes ☐ NoIf yes, describe storage methods and security measures:
 2. Please provide a copy of the insured's Blasting Procedures Manual.
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C. AUTO / FLEET

1. What percentage of production is delivered using the insured's own vehicles? _____ %
2. What percentage is delivered by hired or contract haulers? _____ %
3. Are Motor Vehicle Records (MVRs) reviewed for employees operating company vehicles? ☐ Yes ☐ No
4. Are pre-employment driving tests conducted? ☐ Yes ☐ No



5. Is there a written vehicle preventive maintenance program? ☐ Yes ☐ No
 6. Are employees permitted to take company vehicles home? ☐ Yes ☐ No
 7. Are there written policies regarding personal use of company vehicles? ☐ Yes ☐ No
 8. Are employees' family members allowed to use company vehicles? ☐ Yes ☐ No
 9. If hired or contract haulers are used, please provide a copy of the contract agreement, if available.
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D. SITE CONTROLS

1. Is the site secured by fencing or other barriers to prevent unauthorized access? ☐ Yes ☐ No
If yes, please describe:
2. Are any underground mining operations conducted at any location? ☐ Yes ☐ No
If yes, please describe:
3. Does the insured have any inactive quarry sites? ☐ Yes ☐ No
If yes, provide a list of all inactive locations, including their current status (e.g., temporarily closed, under reclamation, permanently closed/abandoned). Also describe site security measures and any future plans.
4. Describe the insured's high wall slope control and monitoring program:
5. Describe the site's fire protection resources (e.g., public fire department—paid or volunteer, private fire brigade):

3. SAFETY AND TRAINING

- A. Does the insured employ a full-time Safety Manager or Director? ☐ Yes ☐ No
- B. Is there a written safety manual in place? ☐ Yes ☐ No
- C. Does the insured maintain a drug testing program? ☐ Yes ☐ No
- D. Is there a documented quality control program? ☐ Yes ☐ No
- E. Does the insured have a formal return-to-work program? ☐ Yes ☐ No
- F. Does the insured provide ongoing employee training? ☐ Yes ☐ No
If yes, please describe the training program:
- G. Has the insured received any citations from the Mining Safety and Health Administration (MSHA) within the past three years? ☐ Yes ☐ No
If yes, please provide details:
- H. Is the insured a member of any industry-specific trade association? ☐ Yes ☐ No



Submission Requirements:

- Completed and signed ACORD applications for each requested coverage
- Five years of currently valued company loss runs (dated within 90 days of the effective date), with a minimum of three years for Property and Inland Marine
- Detailed explanations for all losses exceeding \$25,000
- Equipment schedule of values, including make, model, and serial number
- Copy of the Table of Contents (TOC) for the following manuals:
 - Safety Manual
 - Preventive Maintenance Manual
 - Employee Training Manual
- Copy of the Blasting Procedures Manual (if applicable)

DECLARATION AND SIGNATURE

The undersigned certifies that, to the best of their knowledge and belief, all statements and information provided in this application are true and complete. The insurer is authorized to conduct any investigations or inquiries it deems necessary in connection with this application.

Signature of First Named Insured

Title

Date

(Must not be signed by the Producer)

Submitted by: _____
Producer

FRAUD WARNING

Any person who knowingly and with intent to defraud an insurance company or another person applies containing materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime