

Explosives Questionnaire

Name _____

Policy Number _____

Address _____

Agent _____

Description of Vehicles to Be Covered

1. How often is it necessary for the Insured to use the automobile to carry explosives? _____

2. What amount of dynamite is usually carried at one time and approximately what amount in a year?

3. To what extent are the vehicles operated in the city carrying such explosives? In what city or town are the vehicles operated? _____

4. Are any precautions taken to minimize the possibility of explosion, such as the carrying of detonator caps separately from the dynamite? _____

5. Are any explosives other than dynamite carried? _____

6. Where and to whom are the explosives usually delivered by the insured? _____

7. What is the relationship of the insured to the manufacturers of the explosives? A purchaser, agent or warehouse operator? Explain fully. _____

Insured's Signature _____

Date _____