

## **Blasting and Lateral Support Proposal Form Addmendum**

Cover Extensions (Only granted if required to be insured)

Тур	e of blasting undertaken		
a)	Surface Blasting	Yes	No.
၁)	Blasting within confines of existing structure	Yes	No
c)	Blasting by means of implosion	Yes	No.
f "Y	ES" to c) above, the following information is required:		
)	Number of such contracts any one year and history of pas	st two years implosi	ons
i)	Who is responsible for the method design?		
	Insurance for this extension will be warranted to the eftructures within 500 meters of the blast site be conducted.		_
	owners and / or tenants of such structures.		



1.5	Do y	ou operate an explosive magazine?				Yes		No			
		Number of magazines Location		_							
1.6	Limi	of Indemnity Required		R							
2.		oval of and / or interference with suppor wing Engineers / Architects written instru			roperty	y due to	your ne	gliger	ice in		
2.1	-	ou undertake any design of lateral support s f adjoining properties?	uch as <sub>l</sub>	piling, und	derpinn	ing, shor Yes	ing and /	or pro	pping		
	If "YES", we require the names and qualifications of staff who carry out the work:										
	in s	insurance for this extension will be warra ructures within 500 meters of the location	on of r	emoval o	of or in	nterferen	ce with	suppo	ort be		
2.2	Limit	of Indemnity Required		R							
3.	Demolition Risks – if undertaken, kindly advise method										
	a)	By hand	Yes		No		Percent	age			
	b)	Pneumatic Means	Yes		No		Percent	age			
	c)	Other – kindly specify									
	d)	Limit of Indemnity Required		R							

NB. The insurance provided excludes demolition by means of swingball and / or drop hammer