

## Automobile Explosives or Radioactive Material Questionnaire

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Policy Number: \_\_\_\_\_
4. Please indicate the type of material carried: ☐ Radioactive Material ☐ Explosives

### **Radioactive Material:**

5. Details of each Radioactive Source conveyed by Insured automobiles.  
 (1) Radio-Toxicity: Name and Atomic Weight of radioisotope(s): \_\_\_\_\_  
 (2) Quantity of Activity: Gigabecquerels or source: \_\_\_\_\_
6. Licence to Transport:  
 (1) Is required under the Nuclear Safety and Control Act? ☐ Yes ☐ No  
 (2) Has been obtained as required? ☐ Yes ☐ No

### **Explosives:**

7. What amount of explosives is usually carried at any one time and approximately what amount is carried in one year? \_\_\_\_\_
8. Explosives Transportation Permit:  
 (1) Is required under the Explosives Act? ☐ Yes ☐ No  
 (2) Has been obtained as required? ☐ Yes ☐ No
9. What precautions are taken to minimize the possibility of exposure, such as portable magazine, separation of detonator caps from the explosives? \_\_\_\_\_
10. Are there any explosives, other than dynamite, carried by the Insured? \_\_\_\_\_
11. Where and to whom is the explosive material usually delivered by the Insured? \_\_\_\_\_
12. What is the relationship of the Insured to the manufacturers or the distributors of the explosive material? \_\_\_\_\_

### **General:**

13. To what extent are the vehicles, while carrying such materials, operated in a city or built-up environment? \_\_\_\_\_
14. In what cities or towns are the vehicles operated? \_\_\_\_\_
15. How often is it necessary for the Insured to use the automobile in this connection? \_\_\_\_\_
16. Is the Insured a purchaser, agent or warehouse operator? ☐ Yes ☐ No  
 If so, please fully explain: \_\_\_\_\_
17. What is the description of the vehicle(s) to be Insured? (Year, Make, Model, any special design details) \_\_\_\_\_
18. What is the number of vehicles that, at any one time, require permission to carry the above mentioned material? \_\_\_\_\_
19. Where was the driver trained and when did he last attended or receive certification through a Safety/ Loss Prevention class? \_\_\_\_\_
20. Was the training provided through an in-house training program or was the course(s) offered by outside sources? \_\_\_\_\_

Broker: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Date: \_\_\_\_\_