



## DEMOLITION CONTRACTORS SUPPLEMENTAL APPLICATION

1. Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_

2. Please mark one:  ANNUAL POLICY or  ONE JOB (short-term policy)

The questions marked with an asterisk \* only apply in the instance of a ONE JOB, short-term policy.

### PROHIBITED OPERATIONS

- Any hazardous material exposure (i.e. asbestos, lead), even if subcontracted.
- Any use of explosives, even if subcontracted.
- Removal of underground tanks.
- Pollution exposures of any kind.
- Use of wrecking ball
- Operations using cranes
- Demolition contractors that subcontract **demolition**

### APPLICATION INFORMATION

- |                                 |                                       |
|---------------------------------|---------------------------------------|
| 3. Years in Business: _____     | 9. Percentage (%) residential _____   |
| 4. Years of Experience: _____   | 10. Percentage (%) commercial _____   |
| 5. Number of Employees: _____   | 11. Percentage (%) industrial _____   |
| 6. Subcontractor Cost: \$ _____ | 12. Number of projects annually _____ |
| 7. Total Payroll: \$ _____      |                                       |
| 8. Total Receipts: \$ _____     |                                       |

### CONTRACTORS QUESTIONNAIRE

13. Type of work done by you and your employees: \_\_\_\_\_

14. Breakdown between interior (soft) demo \_\_\_\_\_% and exterior or structural demo \_\_\_\_\_%

15. Has applicant or any other person for whom coverage is being requested, ever been fined or cited for performing unsafe work?  Yes  No

If yes, provide details on separate paper and attach.

16. Provide details of licensing or certification needed for this operation: \_\_\_\_\_

### PRECAUTIONS TAKEN WHILE PERFORMING DEMOLITION

17. Will the area be barricaded?  Yes  No

18. What other safety precautions will be taken? \_\_\_\_\_

19. Do you obtain written confirmation that all utilities have been turned off?  Yes  No

20. Do you have a formal safety Plan?  Yes  No

**DESCRIPTION OF WORK & METHODS TO BE PERFORMED**

21. How demolished? (by hand, bulldozer, etc.) \_\_\_\_\_

22. Describe equipment to be used: \_\_\_\_\_

23. Number of cranes owned? (include age, type, size & weight) \_\_\_\_\_

24. Are cranes leased to others?  Yes  No

If yes, with operators?  Yes  No

25. Will you use explosives?  Yes  No

26. Are there abutting walls?  Yes  No

27. Maximum number of stories: \_\_\_\_\_ Maximum depth below grade: \_\_\_\_\_ ft.

28. How is debris removed? \_\_\_\_\_

29. \*Give location and description of building to be demolished, including number of stories any type of construction:

\_\_\_\_\_

30. \*How close are surrounding buildings to structure to be demolished? \_\_\_\_\_

31. \*What is the job cost? \_\_\_\_\_

32. \*How long will the job take? \_\_\_\_\_

33. \*Will retain the salvage?  Yes  No

Estimated salvage value \$ \_\_\_\_\_

**SUBCONTRACTED WORK**

34. What work are the subcontractors hired to do?

\_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

35. Are certificates of insurance obtained prior to subcontractors starting work?  Yes  No

Minimum Limits Required \$ \_\_\_\_\_

36. Are you named as an additional insured on the subcontractor's policy?  Yes  No

37. Do subcontractors carry Worker's Compensation?  Yes  No

**ADDITIONAL INFORMATION**

38. Describe your last 5 jobs including the cost of those jobs, size of building (number of stories), and method of demolition

Job	Size and Method of Demolition	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

39. Describe any losses: \_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title (Officer, Partner): \_\_\_\_\_