



**DEMOLITION CONTRACTORS (PER JOB BASIS)
 GENERAL LIABILITY APPLICATION**

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

1. Number of years in business: _____ **Years in demolition business:** _____

2. Average number of employees: _____

3. Is there a written contract for this job? (If yes, provide a copy.) Yes No

4. Has applicant ever been fined or cited for performing unsafe work? Yes No
 If yes, provide full details: _____

5. Provide details of licensing or certification needed for this operation: _____

6. Describe applicant's two largest jobs, including size of building/structure (number of stories), method of demolition and job cost: _____

7. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

8. Give location and description of building/structure to be demolished, including number of stories and type of construction: _____

- a. Are demolition operations for the interior of the building only? Yes No
- b. What is the job cost? _____
- c. Estimated duration of the job: _____
- d. How demolished? (by hand, wrecking ball, etc.) _____
- e. Describe equipment to be used: _____
- f. How is equipment to be transported to and from job site? _____
- g. Number of cranes owned: _____ Advise age, type, size and weight: _____
 Are cranes rented from others?..... Yes No
 If yes:
 Advise age, type, size and weight: _____
 With operators? Yes No
 Without operators? Yes No
- h. Will applicant use explosives? Yes No
- i. Are the conditions of nearby structures documented before demolition begins? Yes No
- j. Are there abutting walls or shared common/party walls or foundations? Yes No
 If yes, are they shored up, as needed, before demolition begins?..... Yes No
- k. Will the area be barricaded or fenced?..... Yes No
 If yes, how high? _____
 What other safety procedures will be taken? _____
- l. How many stories tall is the building/structure? _____ How many feet tall? _____
- m. Does applicant demolish unoccupied portions of occupied buildings? Yes No
- n. Are there structures to demolish other than buildings? Yes No
 If yes, explain and indicate height (in feet) of structures: _____
- o. Any underground storage tanks to remove?..... Yes No
- p. Has applicant checked for asbestos, lead, mold, PCB's or other hazardous materials? Yes No
 Are any of these present?..... Yes No
 If yes, is applicant responsible for removal? Yes No
 If no, advise who is responsible: _____
- q. Any pollution exposures?..... Yes No
 If yes, advise: _____
- r. Does applicant have procedures in place to verify address of demolition site prior to commencing work? Yes No
 If yes, describe: _____
- s. Are utility companies consulted prior to demolition to determine location of any underground utilities? Yes No

- t. Will applicant obtain confirmation that all utilities have been turned off? Yes No
- u. Will applicant retain the salvage?..... Yes No
- Estimated salvage value:\$ _____
- How will debris be removed? _____

9. Does applicant use subcontractors?..... Yes No

If yes:

- a. Subcontracted work cost:.....\$ _____
- b. Are all subcontractors required to carry General Liability and Workers Compensation Insurance?.... Yes No
- c. Are certificates of insurance obtained from all subcontractors? Yes No
- If yes, indicate minimum limit of liability required:\$ _____
- d. Does applicant require all subcontractors to include the applicant as an additional interest on all subcontractors' policies?..... Yes No
- e. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No
- If no, explain when not required: _____

10. Does applicant have a formal safety program?..... Yes No

If yes, briefly describe: _____

11. Please diagram building/structure to be demolished and surrounding exposures (indicate distance to surrounding exposures).

12. Does applicant own or operate any landfills or dumps sites? Yes No

13. Any employees working under:

United States Longshoremen's and Harborworkers' Act? Yes No

Jones Maritime Act? Yes No

If yes, what percent?..... ____% Provide city and state: _____

14. Does applicant have Workers' Compensation coverage in force? Yes No

15. Additional Insured Information:

Name	Address	Interest

16. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

17. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (not applicable in Missouri) Yes No
 If yes, explain: _____

18. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

19. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Coverage					
Total Premium					

20. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. Check if no losses last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.