



Mid Valley General Agency LLC  
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**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:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Limits of Liability and 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, PCBs or other hazardous materials?.....  Yes  No  
Are any of these present?.....  Yes  No  
If yes, is applicant's employees 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 dump 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: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**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.