

GENERAL LIABILITY DEMOLITION CONTRACTOR SUPPLEMENTAL APPLICATION

Insured: _____ Eff. Date: _____

GENERAL INFORMATION:

OWNERSHIP: Active Absentee Delegate through Supervisors

Years in business: _____ Years of Experience – Same Industry: _____

Other currently owned businesses which are separately insured? Yes No

If yes, identify these entities and explain any interchange of labor with these different affiliates:

In what states will you operate in the next 12 months? List state and % of total work:

OPERATIONS:

Description of operations: _____

In what capacity do you operate?

General Contractor ___% Prime Contractor ___% Owner/ Builder ___% Subcontractor ___%

Demolition Building Types: Commercial % Manufacturing /Warehouse % Residential %	Demolition Work Breakdown: Exterior % Interior/ Strip Out %
Demolition Building Heights: 1 - 3 Stories % Over 3 Stories % Maximum Height Of Work (in stories):	Demolition Work By Area: City % Suburban % Rural %
Demolition Occupancy: Unoccupied Buildings % Partially Occupied Buildings %	
Do you have any Salvage Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what items are salvaged?	

Method of Demolition	%
Manual work by hand or hand tools	%
Jackhammer	%
Mechanical Equipment (excluding cranes such as extended excavators, bull dozers, etc)	%
Cranes, or other equipment, with wrecking balls	%
Cranes without wrecking balls	%
Explosives/blasting	%
Robotic hydro-demolition	%
High pressure water-jet lance	%
Other:(Describe)	%

If your demolition work involves cranes, do you rent out your cranes?

If yes, annual sales with operator _____ Annual sales without operator: _____

Are the conditions of nearby structures documented before demolition begins? Yes No

Are shared walls or foundations shored up, as needed, before demolition begins? Yes No

Prior to demolition, do you obtain written confirmation that all utilities have been turned off? Yes No

Prior to demolition, do you check site for asbestos, lead, mold, PCB's or other hazardous materials? Yes No

If hazardous materials are present, are you responsible for removal? Yes No

If yes, describe your removal operations. _____

If no, who is responsible and how do you confirm that these materials have been adequately removed?

Do your operations involve finished grading for any residential development? Yes No

HISTORICAL EXPOSURES:

Year	Direct Payroll	Subcontractor Cost	Gross Sales
Next 12 months			
Current/Expiring Year			
1st Prior Year			
2nd Prior Year			
3rd Prior Year			
4 th Prior Year			

SUBCONTRACTED WORK:

As respects work that you subcontract out:

- a. What percentage of the time do you use the same subcontractors? _____
- b. Describe all activities that are subcontracted _____
- c. Do you collect certificates of insurance from all subcontractors? Yes No
- d. Is a written contract required of all subcontractors? Yes No **(Please provide copy of contract)**
- e. Do subcontractors carry Limits of Liability equal or greater to the limits that you carry? Yes No
- f. Do you require a Waiver of Subrogation endorsement on the subcontractor's General Liability and Workers Compensation policies? Yes No
- g. Are you required to be added as an Additional Insured on the General Liability policies (including Completed Operations coverage) carried by all your subcontractors? Yes No
- h. Are you held harmless for both the individual liability of the subcontractor and for the joint liability of the subcontractor and the insured? Yes No

CONTROLS:

Who is responsible for safety within your company? (Name and Title): _____

Loss control program:

- a. Do you have a formal loss control program? Yes No
 - b. Is it in writing? Yes No
- Are all accidents investigated? Yes No
- Are all jobs inspected by management at completion before leaving the job site? Yes No
- Are you responsible for job-site safety on your projects? Yes No
- Have you ever been fined or cited for performing unsafe work? Yes No
- If so, explain _____
- Do you employ a full time safety director and have a formal written safety program? Yes No
- Describe any additional controls to protect nearby structures and people _____

Any other exposures/operations not otherwise covered by this questionnaire? Yes No

If yes, please explain: _____

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to the questions on this supplemental application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge. He/She certifies that the applicable fraud notices herein have been read and understood. He/She acknowledges their continuation under the applicable state insurance fraud acts and certifies that all such information provided herein complies with such acts in disclosure and truthfulness.

The undersigned as an authorized representative of the applicant, agrees to conduct electronic commerce and to accept an electronic insurance policy and other documents.
You may always request a written policy.

Completed by (Signature and Title of Applicant): _____

Date: _____