



**COLONY INSURANCE COMPANY
DEMOLITION CONTRACTORS
SUPPLEMENTAL APPLICATION**

General Agent Name _____
Address: _____
Phone: _____
Fax: _____

Date: _____
Insured: _____ Location: _____

APPLICATION INFORMATION

Years in Business: _____ % residential _____
Years of Experience: _____ % commercial _____
Number of Employees: _____ % industrial _____
Subcontractor Cost: \$ _____ # of projects annually _____
Total Payroll: \$ _____
Total Receipts: \$ _____

CONTRACTORS QUESTIONNAIRE

- Type of work done by you and your employees: _____
- 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 full details: _____
- Provide details of licensing or certification needed for this operation: _____
- Maximum number of stories: _____ Max. depth below grade: _____ ft.
- Describe any other operations. _____
- 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
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
- Describe any losses: _____
- Give location and description of building to be demolished, including number of stories and type of construction: _____
 - What is the job cost? _____
 - How demolished? (by hand, bulldozer, etc.) _____
 - Describe equipment to be used: _____
 - How is equipment transported to and from job site: _____
 - Number of cranes owned?(include age, type, size & weight) _____
 - Are cranes leased to others? ___ Yes ___ No If yes, with operators? ___ Yes ___ No
 - Will you use explosives? ___ Yes ___ No Are there abutting walls? ___ Yes ___ No
 - Will the area be barricaded? ___ Yes ___ No If yes, how high? _____
 - What other safety precautions will be taken? _____
- Do you check for asbestos, hazardous materials and/or PCBs before beginning demolition?
 ___ Yes ___ No If yes, do you have a permit to remove asbestos, or do you use subs for remediation? _____

-Do you obtain written confirmation that all utilities have been turned off? Yes No
 -How long will job take? _____
 -How close are surrounding buildings to structure to be demolished? _____
 -Will retain the salvage? Yes No Estimated salvage value \$ _____
 -How is debris removed? _____

- Do you have a formal safety PDQ? Yes No
- Dollar value for average job completed: \$ _____

COMPLETE FOR SUBCONTRACTED WORK

- What work are the subcontractors hired to do?
 _____ % _____ % _____ %
 _____ % _____ % _____ %
- Are certificates of insurance obtained prior to subcontractors starting work? Yes No
 Minimum Limits Required \$ _____
- Are you named as an additional insured on the subcontractor's policy? Yes No
- Do subcontractors carry Worker's Compensation? Yes No

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

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____