

**DEMOLITION / WRECKING
GENERAL LIABILITY SUPPLEMENT
(Per Job Basis)
(Include Acord Application)**



Applicant/Named Insured: _____
Mailing Address: _____
Location Address: _____
Website Address: _____ Phone: _____ Fax: _____
Policy Number: _____

1. Years in business: _____ Years of experience in demolition field: _____
2. Average number of employees: _____
3. Regarding Arizona, California, Colorado, Hawaii, Nevada, New York, Oregon or Wyoming:
 - a. Has prior work been completed in any of these states? Yes No
 - b. Are there current operations in any of these states? Yes No
4. Has applicant, or any other person for whom coverage is being requested, ever been fined or cited for performing unsafe work? Yes No
5. Is applicant fully engaged in, owned by, associated with, or involved in any other enterprise? Yes No
If yes, provide details: _____
6. Estimated receipts for next year: Demolition: \$ _____ Other: \$ _____
7. Estimated payroll for next year: Demolition: \$ _____ Other: \$ _____
8. Provide details of licensing or certification needed for this operation: _____

9. Do you have a standard contract that you use? **If yes, attach a copy.** Yes No
10. Is there a written contract for this job? Yes No

11. Describe your two (2) largest jobs, including size of building (number of stories), method of demolition and job cost:

12. Give location and description of building to be demolished, including number of stories and type of construction:

13. What is the job cost? \$ _____

14. Describe demolition method (by hand, wrecking ball and chain, blasting or explosives, etc.): _____

15. Describe equipment to be used: _____

16. How is equipment transported to and from job site? _____

17. Description of cranes owned (include number, age, type, size and weight): _____

18. Are cranes leased to or from others? Yes No If yes, with operators? Yes No

19. Are there abutting walls? Yes No If yes, how high? _____ feet

20. Will the area be barricaded? Yes No
21. What other safety precautions will be taken? _____

22. Do you check for asbestos, PCBs, or any other hazardous materials or toxic substances before beginning demolition? Yes No
23. Do you obtain written confirmation that all utilities (gas, water, electric) have been turned off? Yes No
24. Will you retain the salvage? Yes No
If yes, describe: _____
25. How is debris removed? _____
26. Do you obtain Certificates of Insurance from all subcontractors? Yes No
If yes, minimum limits required: \$ _____
27. Do you have a formal safety program? Yes No
If yes, describe: _____
28. Diagram building to be demolished and surrounding exposures (indicate distance to surrounding exposures):
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29. Are there any underground storage tank removal operations? Yes No
If yes, indicate percent of total operations: ____%
30. Are any employees working under: U.S. Longshoreman's and Harbor Worker's Act? Yes No
Jones Maritime Act? Yes No
If yes, what percentage? ____% Provide city and state: _____
31. Does applicant have Workers' Compensation coverage in force? Yes No
32. Does applicant lease employees? Yes No
33. Dollar value of average job completed: \$ _____

34. Project information:

- a. Entity contracted with to perform demolition work: _____

- b. Location of project: _____

- c. Description of project: _____

d. Project receipts:

Classification	Class Code	Project Receipts
Wrecking – Buildings or Structures	99986	\$
Wrecking – Dismantling of Prefabricated Dwellings not Exceeding Three Stories for Re-erection	99987	\$

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

_____ Applicant Name _____ Applicant Signature _____ Date

_____ Producer Name _____ Producer Signature _____ Date