



DEMOLITION CONTRACTORS LIABILITY SUPPLEMENT

1. NAME OF APPLICANT _____
 2. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____
 3. ADDRESS _____

4. DATE ESTABLISHED _____
 5. HAS APPLICANT HAD PREVIOUS INSURANCE FOR THIS ENTERPRISE? (IF YES, Yes No

PROVIDE THE FOLLOWING INFORMATION

INSURANCE COMPANY	POLICY PERIOD	LIMITS OF LIABILITY	PREMIUM	OCCURRENCE OR CLAIMS MADE	TYPE OF COVERAGE

6. IS APPLICANT ENGAGED IN, OWNED BY, ASSOCIATED WITH OR INVOLVED IN ANY OTHER ENTERPRISE? Yes No
 (IF YES, PROVIDE FULL DETAILS) _____

7. PROVIDE DETAILS OF LICENSING OR CERTIFICATION NEEDED FOR THIS OPERATION: _____

8. PROVIDE THE NUMBER OF THE FOLLOWING PERSONNEL (OTHER, EXPLAIN)

_____ PARTNERS	_____ FULL TIME EMPLOYEES	_____	_____
_____ OFFICERS	_____ PART TIME EMPLOYEES	_____	_____
_____ OWNERS	_____ INDEPENDENT CONTRACTORS	_____	_____

9. DURING THE PAST (3) THREE YEARS, HAVE ANY CLAIMS BEEN PRESENTED TO YOUR CURRENT OR PRIOR INSURANCE CARRIER?
 Yes No (IF YES, PROVIDE FULL DETAILS) _____

GIVE FULL DETAILS, INCLUDING DESCRIPTION OF CLAIM, AMOUNTS PAID AND RESERVES _____

10. IS THE APPLICANT, OR ANY OTHER PERSON FOR WHOM INSURANCE IS BEING REQUESTED, AWARE OF ANY CIRCUMSTANCE WHICH MAY RESULT IN A CLAIM? Yes No (IF YES, GIVE FULL DETAILS BELOW)

11. HAS APPLICANT, OR ANY OTHER PERSON FOR WHOM COVERAGE IS BEING REQUESTED, HAD ANY LIABILITY APPLICATION DENIED, POLICY CANCELLED OR POLICY NOT RENEWED IN PAST (3) THREE YEARS? Yes No (IF YES, GIVE FULL DETAILS BELOW)

12. HAS THE APPLICANT, OR ANY OTHER PERSON FOR WHOM COVERAGE IS BEING REQUESTED, EVER BEEN FINED, OR CITED FOR PERFORMING UNSAFE WORK? Yes No (IF YES, GIVE FULL DETAILS BELOW)

13. HOW MANY YEARS OF EXPERIENCE HAVE YOU HAD IN THE DEMOLITION BUSINESS? _____ YRS.

14. DO YOU HAVE CONTRACT THAT YOU USE? Yes No (IF YES, FURNISH A COPY)

15. DESCRIBE YOUR (2) TWO LARGEST JOBS, INCLUDING SIZE OF BUILDING (NUMBER OF STORIES), METHOD OF DEMOLITION USED AND JOB COST

16. GIVE LOCATION AND DESCRIPTION OF BUILDING TO BE DEMOLISHED, INCLUDE NUMBER OF STORIES AND TYPE OF CONSTRUCTION:

17. IS THERE A WRITTEN CONTRACT FOR THIS JOB? Yes No

18. HOW DEMOLISHED? (BY HAND, WRECKING BALL, ETC.) _____

19. WILL YOU USE EXPLOSIVES? Yes No

20. DESCRIBE EQUIPMENT TO BE USED: _____

21. ARE THERE ABUTTING WALLS? 22. Yes No

WILL AREA BE BARRICADED? Yes No (IF YES), HOW HIGH? _____ FT

23. WHAT OTHER SAFETY PRECAUTIONS WILL BE TAKEN? _____

24. DO YOU CHECK FOR ASBESTOS AND OR PCB'S BEFORE BEGINNING DEMOLITION? Yes No

25. DO YOU OBTAIN WRITTEN CONFIRMATION THAT ALL UTILITIES (GAS, WATER AND ELECTRIC) HAVE BEEN TURNED OFF? Yes No

26. WHAT IS THE JOB COST _____

27. WILL YOU RETAIN THE SALVAGE Yes No

28. ESTIMATED SALVAGE VALUE \$ _____

29. HOW IS DEBRIS REMOVED? _____

30. WHAT ARE THE NUMBER OF EMPLOYEES AND/OR SUB-CONTRACTORS THAT WILL BE USED ON THIS JOB?

EMPLOYEES _____ SUB-CONTRACTORS _____

31. DO YOU OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUB-CONTRACTORS? Yes No

APPLICANT'S SIGNATURE / TITLE

DATE