



DEMOLITION CONTRACTORS SUPPLEMENTAL APPLICATION

APPLICANT'S INSTRUCTIONS:				
1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE STATE NONE.				
2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.				
3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.				
4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.				

Producer:			Producer code:	
Street address:	City/State:	Zip code:	Phone number:	Fax number:
Mailing address:			Email address:	

APPLICANT INFORMATION

NAME (First Named Insured and other named Insureds):				
Street address:	City / State	Zip code:	Phone number:	Fax number:
Mailing address (of first named insured):			Web address:	
Applicant operates as an:				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):				
Inspection (contact/phone):			Accounting records (contact/phone):	

COVERAGE REQUESTED

Effective date:		Expiration date:		
Limits of Insurance:				
General aggregate:	\$	_____		
Products and completed operations aggregate:	\$	_____		
Each occurrence:	\$	_____		
Personal injury and advertising limit:	\$	_____		
Damage to Premises rented to you (any one fire):	\$	_____		
Self-insured retention (per occurrence or per claim):	\$	_____	Per Claim	
Deductible (per occurrence or per claim):	\$	_____	Per Claim	

COMPANY HISTORY

Is the applicant a subsidiary of another entity? Yes No
 If yes, please provide details:

Does the applicant have any subsidiaries or related entities not listed above? Yes No
 If yes, please provide details:

Have there been any mergers/acquisitions, consolidations or divestitures? Yes No
 If yes, please describe your obligations for past, present & future liabilities:

Number of years as a demolition contractor: _____ Number of years under this name: _____

Complete description of operations:

Any business besides demolition contracting? Yes No
 If yes, please explain:

Description of operations:

Number of Employees: Office: _____ Supervisors: _____ Field: _____

REVENUES

List five previous years Payroll and Gross Receipts / Sales:

DIRECT PAYROLL	GROSS RECEIPTS / SALES
200_	200_
200_	200_
200_	200_
200_	200_
200_	200_

Estimated annual gross payroll and receipts/sales for current year:	Payroll	Sales	% Sub-Contracted
Blasting			
Carpentry			
Concrete construction			
Contractors – executive supervisors			
Metal erection: structural			
Metal erection: non-structural			
Contractors equipment: rented to other with operators			
Contractors equipment: rented to others w/o operators			
Salvage operations			
Building materials / secondhand materials dealers			
Excavation			
Land grading			
Tank removal			
Trucking			
Wrecking - describe:			
Wrecking ball used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: how many jobs in the past 12 months?		

GENERAL INFORMATION

Cranes used? Yes No Owned: _____ Rented / leased: _____

Other equipment rented / leased: _____

Please describe:

Please list percentage of each item below of jobs that are:

Above four stories: _____% Suburban: _____% Below grade: _____%
 Urban: _____% Rural: _____% Interior strip-out: _____%

When hiring subcontractors, does the applicant:

- Obtain certificates of insurance? Yes No
- Obtain waivers of subrogation? Yes No
- Obtain hold harmless agreements? Yes No
- Sign or enter subcontracts or performance contracts with subs? Yes No
- Require to be named as an additional insured on the sub policies? Yes No
- Are all hired subcontractors required to carry workers compensation coverage? Yes No
- List the policy limits required of all hired contractors: General liability: _____ Auto liability: _____

When operating as a subcontractor, does applicant:

- List others as additional Insureds on their policies? Yes No
- Enter hold harmless agreements? Yes No
- Sign waivers of subrogation? Yes No
- Sign or enter subcontracts or performance contracts with GC's? Yes No

Does the applicant ever hire:

- Temporary employees? Yes No
- Part time employees? Yes No
- Seasonal employees? Yes No

*** If yes has been answered to any of the above, attach complete details and sources for hiring.**

- Does applicant engage in any work outside of the united states? Yes No
- Are you licensed in your state? Yes No

If yes, please provide license #: _____

List all additional states where the contractor operates, and percent of work performed in each state:

State	% of total	License #	State	% of total	License #

- Do your operations involve asbestos, pvc or lead abatement? Yes No
- Percentage: _____% Do you have insurance for these operations? Yes No
- Is the applicant a member of the National Association of Demolition Contractors (NADC)? Yes No
- Does the applicant have a written demolition safety manual? Yes No
- Does applicant engage in any other operations than demolition and the associated classes shown above? Yes No

Please list all current jobs:

Please list five largest jobs in past 24 months:

PRIOR CARRIER INFORMATION (List last 5 years)

GENERAL LIABILITY:	YEAR _____	YEAR _____	YEAR _____	YEAR _____	YEAR _____
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Gen. Aggregate					
Premium					
Sir or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

WORKERS' COMPENSATION:

Carrier				
Policy no.				
Premium				
Sir or Deductible				

Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? Yes No
 If yes, please explain:

Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No
 If yes, please explain:

CLAIMS HISTORY

Current plus last five years (currently valued hard copy loss runs)

Total aggregates losses, including defense costs:

Policy period	No. of Claims	Total amounts paid		Amounts in reserve		Valuation Date
		Indemnity	Expense	Indemnity	Expense	

Describe individual losses, valued \$25,000 or more, including defense costs:

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you? Yes No
 If yes, give details:

Please attach workers' compensation loss runs including previous five years.

FRAUD WARNING

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

NOTICE TO CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company, penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The applicant 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. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.