



# WRECKING OF BUILDING (Per Job Basis) GENERAL LIABILITY SUPPLEMENT

(Include Acord application)

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## APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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1. Number of years in business: \_\_\_\_\_ Years in demolition business: \_\_\_\_\_
  2. Average number of employees: \_\_\_\_\_
  3. Has applicant or any other person for whom coverage is being requested, ever been fined or cited for performing unsafe work?  Yes  No
  4. Is applicant fully engaged in, owned by, associated with or involved in any other enterprise?  Yes  No  
If yes, provide details: \_\_\_\_\_
  5. Estimated receipts for coming year: Demolition: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_
  6. Estimated payroll for coming year: Demolition: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_
  7. Provide details of licensing or certification needed for this operation: \_\_\_\_\_  
\_\_\_\_\_
  8. Do you have a standard contract that you use?  Yes  No  
If yes, furnish copy.
  9. Is there a written contract for this job?  Yes  No
  10. Describe your two (2) largest jobs, including size of building (number of stories), method of demolition and job cost:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  11. Give location and description of building to be demolished, including number of stories and type of construction:  
\_\_\_\_\_  
\_\_\_\_\_
    - a. What is the job cost? \$ \_\_\_\_\_
    - b. How demolished? (by hand, wrecking ball, etc.): \_\_\_\_\_

- c. Describe equipment to be used: \_\_\_\_\_
- d. How is equipment transported to and from job site? \_\_\_\_\_
- e. Number of cranes owned (include age, type, size, and weight) \_\_\_\_\_
- f. Are cranes leased to others?  Yes  No      If yes, with operators?  Yes  No
- g. Will you use explosives?  Yes  No      Are there abutting walls?  Yes  No
- h. Will the area be barricaded?  Yes  No      If yes, how high? \_\_\_\_\_ feet
- i. What other safety precautions will be taken? \_\_\_\_\_

- j. Do you check for asbestos, hazardous materials and/or PCBs before beginning demolition?  Yes  No
- k. Do you obtain written confirmation that all utilities have been turned off? (gas, water and electric)  Yes  No
- l. Will you retain the salvage?  Yes  No      Briefly describe: \_\_\_\_\_
- m. How is debris removed? \_\_\_\_\_

- 12. Do you obtain certificates of insurance from all subcontractors?  Yes  No
- 13. Minimum requirements required: \$ \_\_\_\_\_
- 14. Do you have a formal safety program?  Yes  No

Briefly describe: \_\_\_\_\_

- 15. Please diagram building to be demolished and surrounding exposures (indicate distance to surrounding exposures).

- 16. Any underground storage tanks removal operations?  Yes  No  
     If yes, percent of total operations: \_\_\_\_\_%
- 17. Any employees working under: U. S. Longshoreman's and Harborworker's Act?  Yes  No  
     Jones Maritime Act?  Yes  No  
     If yes, what percent? \_\_\_\_\_%      Give city and state: \_\_\_\_\_
- 18. Does applicant have Workers Compensation coverage in force?  Yes  No
- 19. Does applicant lease employees?  Yes  No
- 20. Dollar value of average job completed: \$ \_\_\_\_\_

21. During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant? *(Not applicable in Missouri)*  Yes  No

If yes, please explain: \_\_\_\_\_

22. Schedule of Hazards

| Location No. | Classification | Class Code | Premium Bases:<br>(s) Gross Sales<br>(p) Payroll (a) Area<br>(c) Total Cost<br>(t) Others | Terr | Rate     |                   | Premium  |                   |
|--------------|----------------|------------|---|------|----------|-------------------|----------|-------------------|
|              |                |            |   |      | Prem/Ops | Products/Comp Ops | Prem/Ops | Products/Comp Ops |
|              |                |            |   |      |          |                   |          |                   |
|              |                |            |   |      |          |                   |          |                   |
|              |                |            |   |      |          |                   |          |                   |
|              |                |            |   |      |          |                   |          |                   |
|              |                |            |   |      |          |                   |          |                   |

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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date