



# Application For Demolition Contractors

1. Name of Applicant \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (Explain) \_\_\_\_\_

3. Date Established: \_\_\_\_\_

4. Provide the following information. If no prior insurance, check here. ☐

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

5. Is applicant engaged in, owned by, associated with or involved in any other enterprise? ☐ Yes ☐ No  
If yes, provide details. \_\_\_\_\_

6. Provide details of licensing or certification needed for this operation: \_\_\_\_\_

7. Provide the number of the following personnel. (Other and Explain)

_____ Partners, Owners, Officers	_____	_____
_____ Full-time employees	_____	_____
_____ Part-time employees	_____	_____
_____ Independent contractors	_____	_____

8. During the past three years, have any claims been presented to your current or prior insurance carrier? ☐ Yes ☐ No  
If yes, provide full details.  
Include description of claim, amounts paid and reserves. (Attach page if more space needed) \_\_\_\_\_

9. 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, provide details.

10. Has applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? ☐ Yes ☐ No  
If yes, provide full details.

11. 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, provide full details.

12. How many years of experience have you had in the demolition business? \_\_\_\_\_ Yrs.

13. Do you have a standard contract that you use? If yes, furnish a copy. ☐ Yes ☐ No

14. Describe your (2) two largest jobs, including size of building, (number of stories), method of demolition used and job cost: \_\_\_\_\_
15. Give location and description of building to be demolished, include number of stories and type of construction: \_\_\_\_\_
16. Is there a written contract for this job? ☐ Yes ☐ No
17. How demolished? (By hand, wrecking ball, etc.) \_\_\_\_\_
18. Will you use explosives? ☐ Yes ☐ No
19. Are there abutting walls? ☐ Yes ☐ No
20. Describe equipment to be used? \_\_\_\_\_
21. Will area be barricaded? ☐ Yes ☐ No If yes, how high? \_\_\_\_\_ ft.
22. What other safety precautions will be taken? \_\_\_\_\_
23. Do you check for asbestos and or PCB's before beginning demolition? ☐ Yes ☐ No  
Do you remove same? ☐ Yes ☐ No Do you hire others to remove same? ☐ Yes ☐ No
24. Do you obtain written confirmation that all utilities (gas, water and electric) have been turned off? ☐ Yes ☐ No
25. What is the job cost? \_\_\_\_\_
26. Will you retain salvage? ☐ Yes ☐ No Est. salvage value \$ \_\_\_\_\_
27. How is debris removed? \_\_\_\_\_
28. What are the number of employees and/or sub-contractors that will be used on this job?  
Employees \_\_\_\_\_ Sub-contractors \_\_\_\_\_
29. Do you obtain certificates of insurance from all sub-contractors? ☐ Yes ☐ No
30. Please diagram the building to be demolished and surrounding exposures. (Indicate distance to surrounding exposures.)

31. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations)	\$ _____
Products – Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury Limit	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit (up to \$50,000 limit available)	\$ _____ any one (1) fire
Medical Expense Limit (up to \$5,000 limit available)	\$ _____ any one (1) person
Each Professional Incident Limit (if applicable)	\$ _____

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_