

DEMOLITION CONTRACTOR'S SUPPLEMENTAL APPLICATION
COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

2) Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *A brochure, description of operations, or marketing materials if a website is not available*

3) Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4) Your premise address (if different from above): _____

City: _____ State: _____ Zip Code: _____

5) Audit/Inspection contact: _____

a. Phone number: _____

b. Email: _____

6) In what states do you operate? _____

7) Are you licensed in all states in which you operate? Yes No

a. License Number(s): _____

8) Do you have any special certifications? Yes No

a. If yes, please list: _____

9) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs and indicate if they are to be covered)?

a. If you are new in business, please describe your prior demolitions experience:

10) Please complete the following for your revenue history and projections:

	Estimated Upcoming Year	Last 12 Months	1 Year Prior	2 Years Prior	3 Years Prior
Gross Annual Receipts					
Employee Payroll					
Cost of Subcontracted Work					
Number of Employees					

11) Please complete the following table for your breakdown of work. Check all that apply:

Demolition Type:	Percentage of Total Operations:	Percentage of Work Done by Your Employees:	Percentage of Work Done by Subcontractors:	Average Number Completed Annually:
<input type="checkbox"/> Hand Demolition				
<input type="checkbox"/> Hydrodemolition				
<input type="checkbox"/> Wrecking Ball				
<input type="checkbox"/> Mechanical Demolition (Excavators, Claws, etc.)				
<input type="checkbox"/> Implosion/Explosives*				
<input type="checkbox"/> Pull Down/Push Down				
<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other: _____				
TOTAL	100%			

*Please complete the Kinsale Blasting Contractor's Supplemental Application in addition to this application

12) What is the greatest number of structures you have demolished in one year? _____

13) What is the typical structure size/square footage you demolish? _____

14) What is the typical structure height/number of stories you demolish? _____

15) What is the largest structure you have demolished? _____

16) What is the tallest structure you have demolished? _____

17) What is the tallest structure you are willing to demolish? _____

18) Is there any type of demolition work which you will not perform? Yes No

a. If yes, please provide details:

19) Describe your 3 most recent jobs:

Description	Size of Building	# of Stories	Demolition Method(s)	Job Cost
1.				
2.				
3.				



20) Describe your 3 largest jobs:

Description	Size of Building	# of Stories	Demolition Method(s)	Job Cost
1.				
2.				
3.				

21) If you are hiring subcontractors, please clarify the following:

- a. Do you usually hire the same subcontractors? Yes No
- b. Are subcontractors always insured? Yes No
 - + If yes, what General Liability limits do you require subs to carry? _____
 - + Do you confirm if these subs carry Workers Compensation insurance? Yes No
- c. Do you obtain certificates of insurance from all subcontractors? Yes No
- d. Are you named as an Additional Insured on all subcontractors' policies? Yes No
- e. Do you have a written contract with your subcontractors? Yes No
- f. Do all contracts contain a Hold Harmless clause in your favor? Yes No
- g. Do you use any leased employees? Yes No
 - + If yes, are you responsible for providing Worker's Comp for these employees? Yes No
- h. Do you carry Worker's Compensation insurance? Yes No

WORKSITE SAFETY

22) Do you have a formal safety program? Yes No

23) Who is responsible for obtaining confirmation that all utilities (gas, water, electric) have been turned off?

- a. Is this confirmation always obtained in writing? Yes No

24) Do you conduct any ceremonial or public event demolitions? Yes No

- a. If yes, please attach details of events in the last 3 years and any planned events in the next 12 months.

25) What precautions are taken to protect the public from injury? Check all that apply:

- Cones
- Signs
- Warning Horns
- Area Roped/Barricaded Off
- Other: _____

COVERAGE AND LOSS HISTORY

26) Has any licensing authority ever taken action against you or any of your employees? Yes No

If yes, please attach an explanation and copies of any regulatory authority letters.

27) Have you or any of your employees ever been cited or fined for performing unsafe work? Yes No

If yes, please attach an explanation and copies of any citations.

28) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. Yes No

If yes, please attach an explanation.



29) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? *For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration. If yes, please attach an explanation including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed.* Yes No

30) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction work injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? **If Yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 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 DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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 insurance company files a statement of claim containing any 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 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 \$5,000 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/she 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 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 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

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 of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

