



## Demolition Contractors 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. Name of Applicant: \_\_\_\_\_  
 Individual                      Corporation                      Partnership                      Other (Explain) \_\_\_\_\_

2. Date business began: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

3. Website: www. \_\_\_\_\_

4. Have you operated or are you operating under a different business name now or at any time over the past 10 years? Yes    No

If yes, please provide details:

\_\_\_\_\_

5. Are you licensed?    Yes    No    Type of License? \_\_\_\_\_    Year Issued? \_\_\_\_\_

6. State/area of operation: \_\_\_\_\_

7. Describe your operations:  
 \_\_\_\_\_

9. Do you have a formal safety program? Yes    No

10. Have you been cited for an OSHA violations? Yes    No

11. Please complete the following information:

|                            | Current Year | Previous Year | 2 <sup>nd</sup> Previous Year | 3 <sup>rd</sup> Previous Year | 4 <sup>th</sup> Previous Year |
|----------------------------|--------------|---------------|-------------------------------|-------------------------------|-------------------------------|
| Annual Gross Receipts      |              |               |                               |                               |                               |
| Employee Payroll           |              |               |                               |                               |                               |
| Cost of Subcontracted Work |              |               |                               |                               |                               |
| # of Employees             |              |               |                               |                               |                               |

11. What percentage of work do you subcontract to others? \_\_\_\_\_%

12. Do you usually use the same subcontractors? Yes    No

13. Are subcontractors always insured? Yes    No

14. What general liability limits do you require your subs to carry? \_\_\_\_\_

15. Are you named as an additional insured on all subcontractors' policies? Yes    No

16. Do you have a written contract with your subcontractors? Yes No  
 If yes, please provide a copy of the contract.  
 Does the written contract include a hold harmless agreement? Yes No  
 Does the written contract require waiver of subrogation and primary and non-contributory wording in favor of the applicant? Yes No
17. Do you obtain certificates of insurance from all subcontractors? Yes No
18. How long do you retain those certificates? \_\_\_\_\_
19. Please complete the following chart:

| DEMOLITION BUILDING TYPES   |   | DEMOLITION WORK BREAKDOWN                   |    |
|---|---|---|----|
| Commercial  | % | Exterior                                    | %  |
| Manufacturing/Warehouse   | % | Interior/Strip Out                          | %  |
| Residential   | % |   |    |
| Municipalities  | % |   |    |
| DEMOLITION BUILDING HEIGHTS   |   | DEMOLITION WORK BY AREA                     |    |
| Maximum Height of Work  |   | City  | %  |
| 1 – 3 Stories   | % | Suburban                                    | %  |
| Over 3 Stories  | % | Rural                                       | %  |
| DEMOLITION OCCUPANCY  |   | DURING THE PAST 12 MONTHS                   |    |
| Unoccupied Buildings  | % | Number of jobs using wrecking balls         |    |
| Partially Occupied Buildings  | % |   |    |
| Residential   | % | Number of jobs using blasting or implosions |    |
| Municipalities  | % |   |    |
| Do you plan to use wrecking balls or implosions on any future operations? |   | Yes   | No |

20. Are the conditions of nearby structures documented before demolition begins? Yes No  
 If yes, does the documentation include the following?  
 • Inspection of adjacent facilities? Yes No  
 • Photographs or video of adjacent structures? Yes No  
 • Structural integrity of adjoining walls and foundations performed by a third party other than the insured? Yes No  
 If no, what documentation methods are employed?  
 \_\_\_\_\_

21. Are shared walls or foundations shored up before demolition begins? Yes No

22. Are job sites secured with the following?
- Temporary fencing Yes No
  - “No Trespassing” signs Yes No
  - Lighting during night hours Yes No
  - Security guards Yes No
23. Are job site restricted areas posted with signs? Yes No
24. Are sidewalk sheds/bridges used to protect pedestrians from any falling debris? Yes No  
 If no, how are pedestrians protected from falling debris?  
 \_\_\_\_\_
25. Do you ever barricade or block off thoroughfares, public walkways or sidewalks without a permit or the equivalent? Yes No
26. If barricading or encroaching is prominent, are visible warnings posted to alert the public? Yes No
27. Are signs and lighting used to point out hazards at the work site? Yes No
28. Are the utilities and power shut down prior to building demolition? Yes No
29. Are utility lines, cables *and* piping protected from damage before demolition begins? Yes No
30. For rip-out renovation work, how are the building sections, including load bearing walls, protected from damage and interior content that is not to be disturbed? Yes No  
 Please outline the appropriate procedures:  
 \_\_\_\_\_
31. When doing interior demolition work, is the standard procedure to shut off the water supply and overhead water sprinkler systems? Yes No  
 If no, please explain why and describe what is done to prevent damage to these systems:  
 \_\_\_\_\_
32. Do you perform any asbestos, lead or mold remediation? Yes No
33. Do you use, own, rent or operate cranes?
34. 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 non-payment of premium by any insurance or finance company? Yes No  
 If yes, please explain:  
 \_\_\_\_\_

**FRAUD WARNINGS**

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**



**Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Colorado:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Applicable in Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. (In FL, a person is guilty of a felony of the third degree.)

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Kentucky:** 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.

**Applicable in Maine, Tennessee, Virginia and Washington:** 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 a denial of insurance benefits.

**Applicable in Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**REPRESENTATIONS**

Verus Underwriting Managers, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Underwriting Managers or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Underwriting Managers or the Company receives notice is on file with Verus Underwriting Managers and is considered physically attached to and part of the policy if issued. Verus Underwriting Managers and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Underwriting Managers, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**WARRANTY**

I/We warrant to Verus Underwriting Managers and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Underwriting Managers and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Underwriting Managers or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

|   |  |              |
|---|--|--------------|
| <b>Name of Applicant:</b>   |  |              |
| <b>Signature of person authorized to execute on behalf of the</b>                       |  | <b>Date:</b> |
| <b>Print Name and Title of person authorized to execute on behalf of the applicant:</b> |  |              |
| <b>Name and address of Broker:</b>  |  |              |

**A copy of this application should be retained for your records.**