

MAIN SALES INSURANCE SOLUTIONS, INC.  
DEMOLITION CONTRACTOR SUPPLEMENT

Insured: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MARK ONE : ANNUAL POLICY \_\_\_\_\_ or ONE JOB (short-term policy) \_\_\_\_\_**

*The questions marked with an asterisk \* only apply in the instance of a ONE JOB, short term policy.*

**PROHIBITED OPERATIONS**

- Any hazardous material exposure (i.e. asbestos, lead), even if subcontracted.
- Any use of explosives, even if subcontracted.
- Removal of underground tanks.
- Pollution exposures of any kind.
- Use of wrecking ball
- Operations using cranes
- Demolition contractors that subcontract **demolition**

**APPLICATION INFORMATION**

|                      |          |                              |
|----------------------|----------|------------------------------|
| Years in Business:   | _____    | % residential _____          |
| Years of Experience: | _____    | % commercial _____           |
| Number of Employees: | _____    | % industrial _____           |
| Subcontractor Cost:  | \$ _____ |                              |
| Total Payroll:       | \$ _____ | # of projects annually _____ |
| Total Receipts:      | \$ _____ |                              |

**CONTRACTORS QUESTIONNAIRE**

- Type of work done by you and your employees: \_\_\_\_\_
- \_\_\_\_\_
- Breakdown between interior (soft) demo \_\_\_\_% and exterior or structural demo \_\_\_\_%
- Has 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 on separate paper and attach.
- Provide details of licensing or certification needed for this operation: \_\_\_\_\_

**Precautions Taken While Performing Demolition**

- Will the area be barricaded? \_\_\_ Yes \_\_\_ No
- What other safety precautions will be taken? \_\_\_\_\_
- Do you obtain written confirmation that all utilities have been turned off? \_\_\_ Yes \_\_\_ No
- Do you have a formal safety Plan? \_\_\_ Yes \_\_\_ No

## Description of Work & Methods To Be Performed

How demolished? (by hand, bulldozer, etc.) \_\_\_\_\_

Describe equipment to be used: \_\_\_\_\_

Number of cranes owned?(include age, type, size & weight) \_\_\_\_\_

Are cranes leased to others?  Yes  No If yes, with operators?  Yes  No

Will you use explosives?  Yes  No Are there abutting walls?  Yes  No

Maximum number of stories: \_\_\_\_\_ Max. depth below grade: \_\_\_\_\_ft.

How is debris removed? \_\_\_\_\_

\* Give location and description of building to be demolished, including number of stories and type of construction:

\* How close are surrounding buildings to structure to be demolished? \_\_\_\_\_

\* What is the job cost? \_\_\_\_\_

\* How long will job take? \_\_\_\_\_

\* Will retain the salvage?  Yes  No Estimated salvage value \$ \_\_\_\_\_

### SUBCONTRACTED WORK

- What work are the subcontractors hired to do?  
 \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %
- Are certificates of insurance obtained prior to subcontractors starting work?  Yes  No  
 Minimum Limits Required \$ \_\_\_\_\_
- Are you named as an additional insured on the subcontractor's policy?  Yes  No
- Do subcontractors carry Worker's Compensation?  Yes  No

### Additional Information

Describe your last 5 jobs including the cost of those jobs, size of building (number of stories), and method of demolition

| Job   | Size and Method of Demolition | Job Receipts |
|-------|-------------------------------|--------------|
| _____ | _____                         | \$ _____     |
| _____ | _____                         | \$ _____     |
| _____ | _____                         | \$ _____     |
| _____ | _____                         | \$ _____     |

Describe any losses: \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_