

Demolition Contractors Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 P.O. Box: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ Website: _____
 State(s) / Area of Operation: _____ Licensed for Business in State(s): _____
 Years in Business: _____ Contractor License #: _____
 Industry Experience: _____
 Description of Operations: _____

Section II – Exposure History

1. Please provide historical receipts, payroll and cost of subcontracted work.

Year	Annual Gross Receipts	Employee Payroll	Subcontractor Costs
5th Prior Year	\$	\$	\$
4th Prior Year	\$	\$	\$
3rd Prior Year	\$	\$	\$
2nd Prior Year	\$	\$	\$
Current Year	\$	\$	\$
Projected Next 12 months	\$	\$	\$

Section III – Estimated Exposure Breakdown by Classification

1. Please provide the estimated annual gross payroll and receipts for the current year.

Operation	Payroll	Sales	% Subcontracted
Blasting:	\$	\$	%
Carpentry:	\$	\$	%
Concrete Construction:	\$	\$	%
Contractors – executive supervisors:	\$	\$	%
Metal erection – structural:	\$	\$	%
Metal erection – non-structural:	\$	\$	%
Contractors equipment: rented to others with operators:	\$	\$	%
Contractors equipment: rented to others w/o operators:	\$	\$	%
Salvage operations:	\$	\$	%
Building materials/secondhand materials dealers:	\$	\$	%
Excavation	\$	\$	%
Land grading	\$	\$	%
Tank removal:	\$	\$	%
Trucking:	\$	\$	%
Wrecking – (Describe): _____	\$	\$	%
Wrecking ball:	\$	\$	%

Section IV – Contracting Operations Breakdown

1. Please indicate your percentage of work that is:

- Commercial _____ % + Industrial _____ % + Residential _____ % = 100%
 Urban _____ % + Suburban _____ % + Rural _____ % = 100%
 Exterior or Structural Demo _____ % + Interior (soft) Demo _____ % = 100%

2. Please describe the demolition methods you use and indicate the applicable percentage of your work.

- Hand Demolition _____ % Pull/Push Down _____ % Mechanical Equipment _____ % = 100%
 Wrecking Ball _____ % Hydro Demolition _____ % Implosion/Explosives _____ % = 100%
 Other: _____ % Please describe: _____

Section V – Past Completed Projects

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

Date	Project Description	Project Value
		\$
		\$
		\$
		\$
		\$

Section VI – Underwriting Information

- Is the applicant a member of the National Association of Demolition Contractors? Yes No
- Has the applicant ever been engaged in or will be engaged in asbestos, lead, PCB or any other hazardous materials remediation or other operations? Yes No
- Do the applicant's operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials (e.g., landfills, waste, fuel tanks, etc.)? Yes No
- Is there any exposure to or use of flammable, explosives or chemicals? Yes No
- Does the applicant perform any blasting operations? Yes No
- What is the maximum height of structures that will be demolished? Yes No
- Does the applicant ever hire temporary, part-time or seasonal workers? Yes No

If YES, please describe:

- Does applicant rent or lease cranes, scaffolding, mobile equipment or other machinery to others? Yes No
 - What type of equipment is rented with operator? _____
 - What type of equipment is rented without operator? _____
 - Is a written agreement required from renters/lessees of the equipment? Yes No
 - Are certificates of insurance required from renters/lessees? Yes No
 - Is insured named as an additional insured on the renter's/lessee's policy? Yes No
- Does the applicant use any of the following equipment? (Please check all that apply.) Yes No
 - Scissor Lifts Ariel Lifts Articulating Boom Lifts Cranes Cherry Pickers
 - What is the maximum height worked when using above equipment? _____ ft.

10. How is debris removed from jobsites?

Section VII – Liability Controls & Risk Transfer

1. Does the applicant use written contracts or agreement with all subcontractors? Yes No
- If YES, do the contracts include the following:**
- a. Indemnification and hold harmless agreements in your favor? Yes No
- b. Are you named additional insured on their policies for both ongoing and completed operations? Yes No
- c. Waiver of subrogation in favor of you? Yes No
- d. Limits of liability equal to or greater than your own? Yes No
- e. Requirement for subcontractors to carry Workers' Compensation Insurance? Yes No
2. Are certificates of insurance obtained from all subcontractors prior to starting work? Yes No
3. Does the applicant use a standard contract that is used for all projects and work? Yes No

If YES, please provide details:

4. Does the applicant have a formal loss control or safety program? Yes No
5. Does the applicant have a risk manager and/or safety director who is responsible for safety activities? Yes No
6. Does the applicant have regular safety meetings with employees/workers? Yes No
7. Does the applicant currently have Workers' Compensation coverage in place? Yes No

Section VIII – Job Safety

1. Are utility companies, or their equivalent, consulted prior to the start of a job? Yes No
2. Does applicant obtain written confirmation that all utilities have been turned off prior to building demolition? Yes No
3. Do you ever barricade or block off thoroughfares, public walkways or sidewalks without a permit? Yes No
4. Are proper ventilation methods used in confined spaces that may contain noxious or combustible vapors in order to avoid the hazard of explosion? Yes No
5. Are utility lines, cables and piping protected from damage before demolition begins? Yes No
6. Do you shut off the water supply & overhead sprinkler systems for interior demolitions? Yes No
7. Does the applicant document the condition of nearby structures before demolition begins? Yes No

If YES, what documentation methods are employed:

8. Are shared walls or foundations shored up before demolition begins? Yes No
9. Are all excavation holes back-filled and debris removed before contractor leaves the premises? Yes No
10. Are jobsites secured? Yes No

If YES, please check all that are applicable:

- Temporary Perimeter Fencing "No Trespassing" Signs Lighting During Night Hours
- Patrolled by Security Guards "Restricted Area" Signs

11. Has the applicant been cited for any OSHA violations in the past three (3) years? Yes No

If YES, please provide details:

12. Has any work, accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No

If YES, please attach an explanation.

Section IX – Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application? Yes No

If YES, please describe:

2. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes No

If YES, please describe:

3. Has the applicant ever been accused of breaching a contract in the past five (5) years? Yes No

If YES, please describe:

4. Has the applicant been fired or replaced on a job in progress in the past three (3) years? Yes No

If YES, please describe:

5. Has the applicant ever been named in litigation regarding faulty construction in the past eight (8) years? Yes No

If YES, please describe:

6. Has the applicant ever had a lapse in GL coverage? Yes No

If YES, please describe:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

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.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by 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 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 personal or commercial 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 is considered a crime.

MAINE: 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.

NEW YORK: 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 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 five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY