



# Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

## Demolition Contractors—Annual Policy—General Liability Application

Agency Name:		Agent:		Phone number:
Address:	City/State:	Zip code:	E-mail address:	Fax number:

### APPLICANT INFORMATION

Applicant's Name:				
Street address:	City/State:	Zip code:	Phone number:	Fax number:
Mailing address:	City/State:	Zip code:	Web site address:	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (specify):				
Inspection (contact/phone):		Accounting records (contact/phone):		

### EFFECTIVE DATE, LIMITS OF LIABILITY AND DEDUCTIBLE REQUESTED

Proposed Effective Date: From _____ To _____ 12:01 A.M., Standard Time at the mailing address of the Applicant	
General Aggregate (other than Products/Completed Operations):	\$
Products/Completed Operations Aggregate:	\$
Personal & Advertising Injury (any one person or organization):	\$
Each Occurrence:	\$
Damage To Premises Rented To You (any one premise):	\$
Medical Expense (any one person):	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

- Number of years in business: \_\_\_\_\_ Years in demolition business: \_\_\_\_\_
- Does the applicant have a standard written contract that is used? (If yes, provide a copy.) .....  Yes  No
- Is the applicant a subsidiary of another entity? .....  Yes  No  
If yes, provide details: \_\_\_\_\_
- Does the applicant have any subsidiaries or related entities not listed above? .....  Yes  No



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If yes, provide details: \_\_\_\_\_

5. Does the work the applicant performs require licensing? .....  Yes  No

If yes, provide license numbers: \_\_\_\_\_

6. Is the applicant a member of any demolition industry association? .....  Yes  No

If yes, provide name of association: \_\_\_\_\_

7. Annual payroll from demolition operations (excluding office and clerical): \$ \_\_\_\_\_

8. Has applicant ever been fined, or cited for performing unsafe work? .....  Yes  No

If yes, explain: \_\_\_\_\_

9. Indicate type of buildings/structures to be demolished with estimated percentage of total projects during the next twelve (12) months:

Demolition Operations For Buildings:	Indicate if operations performed during the past three years	Indicate estimated percentage of total projects expected for the next twelve (12) months	Demolition Operations For Other than Buildings:	Indicate if operations performed during the past three years	Indicate estimated percentage of total projects expected for the next twelve (12) months
Apartment Buildings		%	Amusement Rides		%
Barns		%	Bridges		%
Hospitals		%	Chimney, Smoke Stacks, Cooling Towers		%
Industrial Plants		%	Concrete/ Rock Breaking Work		%
Manufacturing Plants		%	Dams/ Levees		%
Office Buildings		%	Fences and/or Retaining Walls		%
One- to Four-Family Dwellings		%	Grain Elevators, Silos, Grain Bins		%
Parking Structures		%	Land Clearing/ Tree Removal		%
Retail Stores		%	Parking Lots		%
Schools		%	Power Transmission or Microwave Towers		%
Small Storage Sheds/Outbuildings		%	Railroad and/or Elevated Tracks		%
Sport Stadiums		%	Streets or Roads		%
Warehouses		%	Tanks—Above Ground		%
Other: (Describe)		%	Tanks—Below Ground		%
		%	Other: (Describe)		%
		%			%



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10. Provide breakdown of demolition projects with estimated percentage of total projects expected during the next twelve (12) months:

Demolition Operations	Percentage	Demolition Operations	Percentage
<b>Scope of Demolition Operations:</b>		<b>Height of Buildings/Structures:</b>	
Entire Building	%	1 to 3 stories (up to 50 feet)	%
Partial Building	%	Over 3 stories (over 50 feet)	%
Interior Strip-out (Structural)	%	<b>Occupancy of Buildings/Structures:</b>	
Interior Strip-out (Non-Structural)	%	Unoccupied	%
Debris Removal only	%	Partially Occupied	%
Machinery or Equipment removal	%	<b>Location of Demolition Projects</b>	
Other: (Describe)	%	Urban	%
	%	Suburban	%
	%	Rural	%
	%	Off-Shore	%

11. Describe applicant's two largest jobs within the past three years, including size of building/structure (number of stories), method of demolition and job cost: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Exposure to other buildings/structures and estimated percentage of total projects during the next twelve (12) months:

- a. Free standing buildings/structures (no abutting walls or shared common/party walls or foundations): \_\_\_\_\_%
- b. Buildings/structures with abutting walls or shared common/party walls or foundations: \_\_\_\_\_%
- c. Are shared walls or foundations shored up, as needed, before demolition begins? .....  Yes  No
- d. Are the conditions of nearby structures documented before demolition begins? .....  Yes  No
- e. Are procedures in place to verify address of demolition site prior to commencing work? .....  Yes  No

13. Indicate by method of demolition the estimated percentage of work to be performed during the next twelve (12) months:

Method of Demolition	Percentage
Manual work by hand or handheld tools excluding jackhammers:	%
Handheld jackhammers:	%
Mechanical equipment (excluding cranes) such as, extended excavators, bull dozers, etc.:	%
Cranes or other equipment with wrecking ball or similar apparatus:	%
Cranes without wrecking ball (used for lifting of debris or equipment only):	%
Explosives/blasting:	%
Robotic hydro-demolition:	%
High pressure water-jet lance:	%
Non-explosive demolition agents, such as, expansive grout:	%
Road milling machines:	%
Other (Describe):	%



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## 14. Debris disposal and/or salvage operations:

- a. Will applicant retain salvage?.....  Yes  No
- b. Does applicant own or operate a salvage yard and/or act as a secondhand building materials dealer? .....  Yes  No
- c. Does applicant own or operate a landfill or dump site? .....  Yes  No
- d. Does applicant own or operate a recycling facility? .....  Yes  No
- e. Does applicant own or operate a concrete/asphalt crushing facility? .....  Yes  No
- f. Annual sales of salvaged materials \$ \_\_\_\_\_

## 15. Utilities:

- a. Are utility companies consulted prior to demolition to determine location of any underground utilities? .....  Yes  No
- b. Does applicant obtain confirmation that all utilities have been turned off? .....  Yes  No
- c. Are utility lines, cables, piping protected from damage prior to beginning demolition? .....  Yes  No

## 16. Are job sites secured:

- a. Temporary perimeter fencing? .....  Yes  No
- b. Area barricaded? .....  Yes  No
- c. "No Trespassing" or other restrictive area warning signs? .....  Yes  No
- d. Lighted during evening hours? .....  Yes  No
- e. Patrolled by Security Guards? .....  Yes  No

## 17. Prior to demolition is building/structure checked for asbestos, lead, mold, PCB's or other hazardous materials?..... Yes No

- a. If present, is applicant responsible for removal?.....  Yes  No
- b. If applicant is not responsible for removal, who is responsible and how does applicant confirm that these materials have been removed prior to starting demolition? \_\_\_\_\_  
\_\_\_\_\_

## 18. Any pollution exposures? ..... Yes No

If yes, advise: \_\_\_\_\_

## 19. Does the applicant have a formal loss control or safety program?..... Yes No

Does the applicant have a risk manager and/or safety director who is responsible for safety activities? ..  Yes  No

## 20. Does applicant use subcontractors? ..... Yes No

If yes:

- a. Subcontracted work cost \$ \_\_\_\_\_
- b. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? ....  Yes  No
- c. Are certificates of insurance obtained from all subcontractors? .....  Yes  No  
If yes, indicate minimum limit of liability required: \$ \_\_\_\_\_
- d. Does applicant require all subcontractors to include the applicant as an additional interest on all subcontractors' policies? .....  Yes  No
- e. Do written contracts contain hold-harmless agreements in favor of the applicant? .....  Yes  No

If no, explain when not required: \_\_\_\_\_



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21. Does applicant own, rent, or operate cranes? .....  Yes  No

If yes, provide the following:

a. Number of jobs in which cranes were used in the past year: \_\_\_\_\_

b. Number of cranes owned: \_\_\_\_\_

c. Number of crane operators which are applicant's employees: \_\_\_\_\_

d. Are employed operators certified for crane operations being performed? .....  Yes  No

e. Number of cranes rented annually from others: \_\_\_\_\_

(1) With operators? .....  Yes  No

(2) Without operators? .....  Yes  No

(3) If with operators, does the applicant confirm operators are crane certified? .....  Yes  No

f. Any boom lengths in excess of one hundred forty (140) feet? .....  Yes  No

If yes, provide maximum boom length: \_\_\_\_\_ ft.

g. Does applicant rent or provide cranes to others? .....  Yes  No

If yes, provide details concerning with or without operators and for what type of operations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

22. Annual sales received from rental of cranes or other contractors equipment to others:

a. With operators: \$ \_\_\_\_\_

b. Without operators: \$ \_\_\_\_\_

23. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

24. Any employees working under:

United States Longshoremen's and Harborworkers' Act?.....  Yes  No

Jones Maritime Act? .....  Yes  No

If yes, what percent?..... \_\_\_\_\_%

Provide city and state: \_\_\_\_\_

25. Does applicant have Workers' Compensation coverage in force? .....  Yes  No

26. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (not applicable in Missouri) .....  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

27. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

28. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area



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				(c) Total Cost (t) Other

**29. Prior Carrier Information:**

	Year:	Year:	Year:	Year:	Year:
<b>Carrier</b>					
<b>Policy No.</b>					
<b>Coverage</b>					
<b>Total Premium</b>					

**30. Loss History—Five Year Period:**

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.  Check if no losses last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**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 policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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,



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tion, 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_