COLONY SPECIALTY INSURANCE
DEMOLITION CONTRACTORS
SUPPLEMENTAL APPLICATION

_____
General Agent Name

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: _____