



MUSIC Demolition Contractors Supplemental Application

Applicant's Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Please indicate if annual policy or one job (short term policy)

From \_\_\_\_\_ To \_\_\_\_\_  
 (12:01 am Standard Time at the address of the Applicant)

Web Address \_\_\_\_\_

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

Applicant is:     Individual     Corporation     Partnership     Joint Venture     LLC     Other

States of Operation \_\_\_\_\_

Licensed?     Yes     No

Radius of Operation from main location                      Miles \_\_\_\_\_

License Type \_\_\_\_\_

Years doing business under current name    \_\_\_\_\_ years

License # \_\_\_\_\_

Years of Experience    \_\_\_\_\_ years

Have you worked under any other name?                       Yes                       No

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

Limits of Liability Requested	
Each Occurrence	\$ _____
Personal & Advertising Injury	\$ _____
Products & Completed Operations Aggregate	\$ _____
General Aggregate	\$ _____
Damages to Premises Rented to you	\$ _____
Medical Expense (any one person)	\$ _____
Other Coverages, Restrictions, or Endorsements requested:	
Deductible        \$ _____	BI/PD per Claim - LAE _____

Description of Operations \_\_\_\_\_



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\*NOTE: Any hazardous material cleanup, use of explosives, even if subcontracted, removal of underground tanks, pollution exposures of any kind, use of a wrecking ball, operations using cranes, demolition contractors that subcontract demolition, wrecking of tanks and bridges are PROHIBITED operations.

### Applicant Information:

Total number of employees # \_\_\_\_\_ Total Annual Payroll \$ \_\_\_\_\_  
Total Annual Receipts \$ \_\_\_\_\_ Total annual Subcontracted Costs \$ \_\_\_\_\_  
# of Projects annually # \_\_\_\_\_  
Residential % \_\_\_\_\_ Commercial % \_\_\_\_\_ Industrial % \_\_\_\_\_

### Contractor Information:

Describe the primary type of work that is performed by you and your employees: \_\_\_\_\_

Please provide breakdown: Interior (soft) Demo \_\_\_\_\_ % 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 details: \_\_\_\_\_

### Subcontractors:

What type of work are the subcontractors hired to do? \_\_\_\_\_

Provide percentage breakout: \_\_\_\_\_ %

Are you named as an additional insured on the subcontractor's policy?  Yes  No

Are Certificates of Insurance obtained prior to subcontractors starting work?  Yes  No

What are the minimum limits that are required? \$ \_\_\_\_\_

### Hold-Harmless Agreements:

Does the applicant use a standard client contract, which outlines responsibilities of the applicant?  Yes  No

Do others hold applicant harmless?  Yes  No

Does the applicant agree to hold any third party harmless?  Yes  No

Does the applicant have both Automobile Liability & Worker's Compensation in force?  Yes  No

Does the applicant lease employees?  Yes  No

### Description of Operations

Describe how the project will be demolished: \_\_\_\_\_

Describe what equipment that will be used: Bulldozer, Front end loader, crane, hand, etc. \_\_\_\_\_

Advise # of cranes owned include age, type, size weight & boom length: \_\_\_\_\_



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- 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
- Any asbestos or lead paint removal?  Yes  No

Maximum # of stories: \_\_\_\_\_ Max. depth below grade: ft. \_\_\_\_\_

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

\* Give location and description of structure to be demolished, including # 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 Estimate salvage value \$ \_\_\_\_\_

Safety Precautions Taken During Demolition

Will the area be barricaded?  Yes  No

What other safety precautions will be taken while performing the demolition? \_\_\_\_\_

Do you obtain written confirmation that all utilities have been turned off?  Yes  No

Do you have a formal safety program in place?  Yes  No

Additional Information	
Describe your last 5 jobs including the cost, size of the project (bldg.) No. of stories and method of demolition	
1.	
2.	
3.	
4.	
5.	
Please provide demolition job receipts:	\$ _____



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In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?  Yes  No

If yes, please describe. \_\_\_\_\_ Do you have result in a claim?  Yes  No

If yes, please describe. \_\_\_\_\_

Loss History

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

Prior Carrier Information

Year	Carrier	Premium

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Agents Signature \_\_\_\_\_ Date \_\_\_\_\_