



**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: _____