

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 any known events occurred prior to the proposed effective date of this policy that may 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 _____

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Agents Signature _____ Date _____