

**ACCIDENT/MADISON INSURANCE
COMPANY**

**Demolition Contractors Supplemental
(Complete in addition to Acord Application)**

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____

General Information:

5. Business Name (dba): _____
6. Legal Name: _____ Years In Business: _____
7. Mailing Address: _____ City: _____ State: _____ Zip: _____
8. Physical Address: _____ City: _____ State: _____ Zip: _____
9. Contact Person: _____ Phone: _____ Fax: _____
10. Email Address: _____ Web site: _____

Description of Operations & Exposures:

11. _____

12. Is applicant engaged in, owned by, associated with, or involved in any other enterprise? Yes No
If yes, please give details: _____

13. Please provide details of licensing or certification needed for this operation: _____

14. How many years experience does applicant have in the demolition business? _____

15. Do you have a standard contract that you use? Yes No If yes, please furnish a copy.

16. Please describe your 2 largest jobs including size of building, method of demolition used, and job cost:
a. _____ b. _____

17. Please give location and description of building(s) to be demolished (including number of stories and type of construction): _____

18. Is there a written contract for this job? Yes No
19. Are there abutting walls? Yes No
20. Will area be barricaded? Yes No If yes, how high? _____
21. Do you check for asbestos and or PCB's before beginning demolition? Yes No
22. Do you obtain written confirmation that all utilities (gas, water and electric) have been turned off? Yes No
23. What is the job cost? \$ _____

Business Information:

24. How will it be demolished (by hand, wrecking ball, etc.)? _____
25. Will you use explosives? Yes No If yes, please give description of equipment used: _____

26. What safety precautions will be taken? _____

27. Will you retain the salvage? Yes No

28. Estimated salvage value: \$ _____

29. How is debris removed? _____

30. Do you obtain certificates of insurance from all sub-contractors? Yes No

31. Please diagram the building to be demolished and surrounding exposures (please indicate distance to surrounding exposures):

Employment Practices:

32. What are the number of employees and/or sub-contractors used on this job?

Employees _____ Sub-contractors _____
Independent contractors _____ Other (explain) _____

33. Describe any formal training/educational requirements: _____

Coverage:

34. Has the applicant or any other person for whom coverage is being requested had any liability application denied, policy cancelled, or policy not renewed in the past 3 years? Yes No

If yes, please give details: _____

35. Has the applicant or any other person for whom coverage is being requested ever been fined or cited for performing unsafe work? Yes No

If yes, please give details: _____

36. Limits of liability desired: \$ _____

Proposed contract completion date: _____

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title