

Demolition Contractors Supplemental Application

General Information:

Name Insured:

DBA:

Individual Corporation Partnership Other (Explain:)

Mailing Address:

State: Zip Code: Date business was established:

Has Applicant had previous insurance for this enterprise? Yes No (If Yes, provide the following information.)

Insurance Company:	Policy Period:	Limits of Insurance:	Premium:	Occurrence/Claim Made
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Is Applicant engaged in, owned by associated with or involved in any other enterprise? Yes No

(If Yes, provide full details.)

Provide details of licenses and certifications held:

Provide the number of the following personnel:

Partners: Owners: Full Time Employees: Part Time Employees: Independent Contractors:

Officers: Other: Describe:

During the past (3) three years, have any claims been presented to your current or prior insurance carrier? Yes No

(If Yes, provide details including description of claim, amounts paid and reserve.)

Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim?

Yes No (If Yes, give us the full details)

Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past (3) three years? Yes No (If Yes, give us full details)

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, give us full details)

How many years of experience have you had in the demolition business?

Do you have standard contract that you use for all projects and work? Yes No (If Yes, furnish a copy.)

Who obtains written confirmation that all utilities (gas, water and electric) have been turned off?

Subcontractors Exposure:

If You NEVER Hire Subcontractors, Please check here . Please Skip to Part D.

Are All Subcontractors Required to Sign a Hold-Harmless or Indemnification Agreement in Your Favor? Yes No

Do You Utilize a Standardized Contract With All of Your Subcontractors? Yes No

If Yes, Please Attach a Copy to This Questionnaire.

Do You Require All Subcontractors to: Carry the Same or Greater Limits and Coverage? Yes No

Name You as Additional Insured? Yes No

Furnish Certificates of Insurance of General Liability? Yes No

Furnish Certificates of Insurance of Workers Compensation? Yes No

Describe your (2) two largest jobs, including size of building, number of stories, methods of demolition used and job cost:

Job #1:

Job #2:

Describe the demolition methods you use and indicate the applicable percentage of your work:

Hand Demolition: % Hydrodemolition: % Wrecking Ball: % Implosion/Explosives: %

Mechanical Equipment/Excavators/Claws? % Pull Down/Push Down: %

Other: Describe:

List Your Risk Exposure History For the Past 5 Years:

Year:	Carrier:	Sales/Receipts	Payroll	Sub-Contractor Costs
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FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

FRAUD WARNING (Continued)

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

IMPORTANT- The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: Title:

FEIN#:

Applicant's Signature: Date:

Agent/Broker Name:

Please email the completed application to: submissionsGL@hallmarkes.com