



All City Insurance

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WRECKING OF BUILDING (Per Job Basis) GENERAL LIABILITY SUPPLEMENT

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

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1. Number of years in business: _____ Years in demolition business: _____
 2. Average number of employees: _____
 3. Has applicant or any other person for whom coverage is being requested, ever been fined or cited for performing unsafe work? Yes No
 4. Is applicant fully engaged in, owned by, associated with or involved in any other enterprise? Yes No
If yes, provide details: _____
 5. Estimated receipts for coming year: Demolition: \$ _____ Other: \$ _____
 6. Estimated payroll for coming year: Demolition: \$ _____ Other: \$ _____
 7. Provide details of licensing or certification needed for this operation: _____

 8. Do you have a standard contract that you use? Yes No
If yes, furnish copy.
 9. Is there a written contract for this job? Yes No
 10. Describe your two (2) largest jobs, including size of building (number of stories), method of demolition and job cost:

 11. Give location and description of building to be demolished, including number of stories and type of construction:

 - a. What is the job cost? \$ _____
 - b. How demolished? (by hand, wrecking ball, etc.): _____

- c. Describe equipment to be used: _____
- d. How is equipment transported to and from job site? _____
- e. Number of cranes owned (include age, type, size, and weight) _____
- f. Are cranes leased to others? Yes No If yes, with operators? Yes No
- g. Will you use explosives? Yes No Are there abutting walls? Yes No
- h. Will the area be barricaded? Yes No If yes, how high? _____ feet
- i. What other safety precautions will be taken? _____

- j. Do you check for asbestos, hazardous materials and/or PCBs before beginning demolition? Yes No
- k. Do you obtain written confirmation that all utilities have been turned off? (gas, water and electric) Yes No
- l. Will you retain the salvage? Yes No Briefly describe: _____
- m. How is debris removed? _____

- 12. Do you obtain certificates of insurance from all subcontractors? Yes No
- 13. Minimum requirements required: \$ _____
- 14. Do you have a formal safety program? Yes No

Briefly describe: _____

15. Please diagram building to be demolished and surrounding exposures (indicate distance to surrounding exposures).

- 16. Any underground storage tanks removal operations? Yes No
If yes, percent of total operations: _____%
- 17. Any employees working under: U. S. Longshoreman's and Harborworker's Act? Yes No
Jones Maritime Act? Yes No
If yes, what percent? _____% Give city and state: _____
- 18. Does applicant have Workers Compensation coverage in force? Yes No
- 19. Does applicant lease employees? Yes No
- 20. Dollar value of average job completed: \$ _____

21. During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant? *(Not applicable in Missouri)* Yes No

If yes, please explain: _____

22. Schedule of Hazards

| Location No. | Classification | Class Code | Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Others | Terr | Rate | | Premium | |
|--------------|----------------|------------|---|------|----------|-------------------|----------|-------------------|
| | | | | | Prem/Ops | Products/Comp Ops | Prem/Ops | Products/Comp Ops |
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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date