



Demolition & Blasting Contractor Application

(Please answer all questions. If questions do not apply, please state "N/A")

Name of Applicant \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location \_\_\_\_\_

Name of Agent \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proposed Effective Date:

From: \_\_\_\_\_ To: \_\_\_\_\_

12:01 A.M., Standard Time at the address of the Applicant

Applicant is: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Joint Venture \_\_\_ Other (Specify)

1. Years in business under current name \_\_\_\_\_

2. Has applicant previously been in business under any other name: \_\_\_ Yes \_\_\_ No

If yes, give details: \_\_\_\_\_

3. Give complete description of applicant's operations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DEMOLITION CONTRACTORS

4. Type of demolition or wrecking (e.g., hand only or hand & bulldozer, clam shell, etc.; height): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Describe how work will be done, in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Public Exposure:

a. What protections are afforded for general public (e.g., how sidewalk, streets, alleys are protected, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Does Contractor obtain written confirmation that all utilities (gas, electric, and water) have been shut off?  Yes  No

If no, what is the procedure? \_\_\_\_\_  
\_\_\_\_\_

7. Average length of time of each job: \_\_\_\_\_ Maximum length \_\_\_\_\_

8. Number of employees: Payroll: \_\_\_\_\_ Gross Receipts: \_\_\_\_\_

9. Estimated value of salvage (indicate whether or not this value is included in gross receipts figure: \_\_\_\_\_  
\_\_\_\_\_

10. Is there a permanent location or yard?  Yes  No If yes, describe (giving square footage) \_\_\_\_\_  
\_\_\_\_\_

11. How many of your jobs are sub-contracted? (explain) \_\_\_\_\_  
\_\_\_\_\_

12. Does the applicant obtain certificates of insurance from all subcontractors?  Yes  No

13. Please attach a list of completed jobs in the past year and a description for each one.

**BLASTING CONTRACTORS**

14. Type of blasting (rural/urban, quarries, sewer lines, etc.) \_\_\_\_\_  
\_\_\_\_\_

15. What protection is afforded the general public? \_\_\_\_\_  
\_\_\_\_\_

16. Does the applicant obtain a preblast survey for jobs within 100 feet of structures?  Yes  No

17. List all blasting personnel and their license number:

Name	Yrs Experience	License No.

18. Do only licensed personnel set and detonate all charges?  Yes  No

19. Gross Receipts: \$ \_\_\_\_\_

20. Average length of job: \_\_\_\_\_

21. Does the applicant store any explosives on owned or leased premises?  Yes  No

If yes, need to know safety precautions: \_\_\_\_\_  
\_\_\_\_\_

22. How many jobs are subcontracted: \_\_\_\_\_

23. Does the applicant obtain certificates of insurance from all subcontractors:  Yes  No
24. On a separate sheet, list and describe all jobs completed in the past year.
25. PREVIOUS INSURER: Indicate premium and losses past 3 years. Describe all losses in excess of \$10,000 last five years.

Year	Carrier	Premium	No. of Claims	Amt Paid	Amt Reserved

25. Was previous coverage on claims-made basis?  Yes  No  
 If yes, uninterrupted claims-made coverage has been in effect since: \_\_\_\_\_  
 If yes, what retroactive date is desired? \_\_\_\_\_
26. Has any company ever cancelled or refused to renew liability insurance for the applicant?  Yes  No  
 If yes, give details: \_\_\_\_\_
27. Coverage desired:  CGL  M&C  Prod/Comp/Ops
28. Optional Coverages Desired:  Personal Injury  Contractual  Broad Form PD  Ind. Cont.  
 XCU  Broad Form CGL Endt.
29. Limit of Liability Desired: \_\_\_\_\_
30. Deductible desired: \_\_\_\_\_
31. Proposed Effective Date \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_ Date Signed. \_\_\_\_\_

Insured's Title \_\_\_\_\_ Insured's name, typed or printed \_\_\_\_\_