



APPLICATION FOR DEMOLITION CONTRACTORS

1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____

2. Individual Corporation Partnership Other (Explain) _____

3. Date Established: _____

4. Provide the following information. If no prior insurance, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

5. Is applicant engaged in, owned by, associated with or involved in any other enterprise? Yes No
If yes, provide details. _____

6. Provide details of licensing or certification needed for this operation: _____

7. Provide the number of the following personnel. (Other and Explain)
_____ Partners, Owners, Officers _____
_____ Full-time employees _____
_____ Part-time employees _____
_____ Independent contractors _____

8. During the past three years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. Yes No
Include description of claim, amounts paid and reserves. (Attach page if more space needed) _____

9. 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, provide details. _____

10. Has applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? If yes, provide full details. Yes No

11. Has the applicant, or any other person for whom coverage is being requested, ever been fined, or cited for performing unsafe work? If yes, provide full details. Yes No

12. How many years of experience have you had in the demolition business? _____ Yrs.

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

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

15. Give location and description of building to be demolished, include number of stories and type of construction: _____

16. Is there a written contract for this job? Yes No
17. How demolished? (By hand, wrecking ball, etc.) _____
18. Will you use explosives? Yes No 19. Are there abutting walls? Yes No
20. Describe equipment to be used? _____
21. Will area be barricaded? Yes No If yes, how high? _____ ft.
22. What other safety precautions will be taken? _____

23. Do you check for asbestos and or PCB's before beginning demolition? Yes No
Do you remove same? Yes No Do you hire others to remove same? Yes No
24. Do you obtain written confirmation that all utilities (gas, water and electric) have been turned off? Yes No
25. What is the job cost? _____ 26. Will you retain salvage? Yes No Est. salvage value \$ _____
27. How is debris removed? _____
28. What are the number of employees and/or sub-contractors that will be used on this job?
Employees _____ Sub-contractors _____
29. Do you obtain certificates of insurance from all sub-contractors? Yes No
30. Please diagram the building to be demolished and surrounding exposures. (Indicate distance to surrounding exposures.)
31. LIMITS OF INSURANCE REQUESTED:
General Aggregate Limit (Other than Products – Completed Operations) \$ _____
Products – Completed Operations Aggregate Limit \$ _____
Personal and Advertising Injury Limit \$ _____
Each Occurrence Limit \$ _____
Fire Damage Limit (up to \$50,000 limit available) \$ _____ any one (1) fire
Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one (1) person
Each Professional Incident Limit (if applicable) \$ _____

Applicant's Signature: _____ Title: _____ Date: _____



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date