

Apollo General Insurance Agency, Inc.
License Number 0606980

Demolition Program Checklist

Information Needed:

- _____ 5 years currently valued loss runs
- _____ Narrative on any Losses in Excess of \$10,000
- _____ Completed questionnaire, signed and dated
- _____ Completed Acord Applications, Signed
- _____ Most Recent Financial Statements
- _____ Copy of Contracts used with Subcontractors, if applicable
- _____ Résumés and/or Statement of Qualifications on Key Personnel
- _____ Copy of Contents page of your Safety Manual
- _____ List of Last 10 Projects
- _____ Copy of Contract used when leasing employees, if applicable
- _____ Copy of Equipment Maintenance Punch List
- _____ Signed TRIA upon binding

Please note that additional information may be requested by the Underwriter.

Contractors Pollution Liability, Auto, Property/Inland Marine, Commercial Umbrella or Excess Liability are available under most circumstances.

Apollo General Insurance Agency, Inc.

License Number 0606980

DEMOLITION CONTRACTORS PROGRAM G.L. APPLICATION

Application Date: _____

Company Name: _____

D.B.A. Names: _____

Physical Address: _____

Mailing (if different) _____

Do you operate from more than one location? Yes No (If yes, please list them.)

Organization Type: Individual Partnership Corporation LLC Other: _____

Description of Operations (please be specific):

Is this a new venture? Yes No

Year Business Started: _____ Year business began operating under current name: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax#: _____

Email Address: _____

Desired Effective Date: _____ Deductible: _____ Limits: _____

Geographic area of operations (If multi-State, please breakdown payrolls by States):

Annual Gross Sales: \$ _____

PRIOR PAYROLL & SALES HISTORY

Please provide a breakdown of payroll & sales for the past 3 years:

POLICY PERIOD	PAYROLL	SALES
1.	\$	\$
2.	\$	\$
3.	\$	\$

PART 1 ESTIMATED BREAKDOWN OF PAYROLL & GROSS RECEIPTS BY ACTIVITY

	Est'd Payroll	Est'd Receipts
A) Carpentry N.O.C.	\$	\$
B) Concrete Construction	\$	\$
C) Contractors Equipment, Earth Moving Equipment other than cranes rented to Others with operators	\$	\$
D) Contractors Equipment, excluding autos rented to others with operator	\$	\$
E) Contractors Equipment, excluding autos rented to others w/o operator	\$	\$
F) Contractors Executive Supervisor	\$	\$
G) Contractors Permanent Yard	\$	\$
H) Drivers for you Only	\$	\$
I) Excavation	\$	\$
<i>Type of excavation performed:</i>		
J) Garbage, Ash, Refuse Collection (Debris Boxes)	\$	\$
K) Grading of Land	\$	\$
<i>Type of grading performed:</i>		
L) Machinery / Equipment installation, Repair, Service	\$	\$
M) Masonry Work	\$	\$
N) Metal Erection – Structural	\$	\$
O) Salvage Operations	\$	\$
P) Second Hand Building Material Sales	\$	\$
Q) Truckers for Others	\$	\$
R) Wrecking – Building / Structures	\$	\$
S) Other (Describe):	\$	\$
TOTAL:	\$	\$

PART 2 GENERAL INFORMATION

1. Do you sign any contracts which require a blanket Waiver of Subrogation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you perform interior strip out work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage of your annual work load is interior strip out? Please detail what type of work:			
3. Do you rent/lease equipment from others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of equipment?			
4. Percentage of jobs over 3 stories:			
5. Percent of work by area:	Metro: %	Urban: %	Country: %
6. Does your operation involve any asbestos abatement, P.C.B. Removal or other Haz Mat?			
Remedial Work? %	Performed by You? %	Performed by Subs? %	
7. Do you have insurance for these types of operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name the insurance carrier:			
PLEASE NOTE THAT ASBESTOS AND P.C.B'S ARE EXCLUDED IN THE PROGRAM POLICY			
8. Advise if any of the following industries or customers provide a large percentage of your work. ie: Marine, Industrial Plants, Residential Chemical Plants, Municipalities or Government work.			
9. Does your operation involve blasting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Do you engage in any other work besides demolition and the classes associated with wrecking? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe and provide revenues:			
11. What percentage of your work is, As a sub working for other contractors: %		Direct with customers: %	
12. Do you perform any maintenance work on equipment owned by others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe and provide revenues:			

13. Are there any other business operations / entities owned, operated or managed by you, ie: Development companies; Restaurants, Rental Properties, Mercantile? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. Name of insurance carrier providing coverage:
14. Have you performed any work within 50 feet of a railroad in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of the railroad(s) you've worked with:
15. Is any Grading or Excavation work done on slopes greater than 15 degrees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
16. Do you manufacture or fabricate any equipment, parts or accessories for sale, lease, rent or loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details, brochures, annual sales and percentage of overall business:
17. Do you ever use subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what work do you hire subcontractors for? Annual cost of subs? Does insured have a proper indemnity / hold harmless language & additional insured requirements in their contracts with subs? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please supply a copy; If no, you may not be eligible for this program.)

PART 3 CRANE SECTION

1. Is a wrecking ball used? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Number of jobs balled in the past 12 months:
3. Type of use:
4. Are cranes ever used? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Number of cranes used: _____ Number of cranes owned: _____ Rented: _____
6. Boom Heights: _____ Alarms: <input type="checkbox"/> Yes <input type="checkbox"/> No
7. How are cranes used?
8. Are outriggers always deployed when in use? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
9. Are cranes certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. How often? _____ By whom? _____
11. Number of crane operators: _____ Are they experienced? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Are they properly trained? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 4 EMPLOYMENT TRAINING & PROCEDURES

1. Are your operators: <input type="checkbox"/> UNION <input type="checkbox"/> NON-UNION
2. If Union, how often do you refer to the Union for new or temporary workers?
3. Have Union workers ever been rejected? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. If Union, how do you screen for qualified workers and/or equipment operators?
5. If Non-Union, describe employee hiring and screening practices to insure quality employee selection:
6. Please describe your training procedures for new and temporary workers:
7. Do you lease employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? If permanent, do you secure evidence of the leasing company's General Liability Insurance and be named Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you held harmless by the leasing company for the actions of their employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If you lease employees and we write your liability insurance, a copy of the lease agreement will be required. Note that coverage is not provided for action over indemnity losses generated by leased worker activities.)</i>
8. Are all workers, be it employees or leased labor, given on-going training during the course of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5 LOSS CONTROL AND MAINTENANCE

1. Do you have a formal loss control or safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please supply a copy)
2. Does your safety manual specifically detail measures to prevent losses from the variety of hazards you may encounter? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
3. Is one employee responsible for safety administration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is responsible for safety administration?
4. Has the safety program been approved by your Work Comp carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is your current Experience Mod for Work Comp.?
6. Do you have regular safety meetings with employees/workers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
7. Is all equipment regularly inspected and maintained to prevent failures? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? (Please furnish a copy of the maintenance punch list)
8. Are Utility companies, or the equivalent consulted prior to the start of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you document their findings? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are the utilities and power shut down prior to building demolition? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
10. Are pre-job surveys conducted to assess building conditions so that measures can be taken to prevent premature collapse of any portion of the structure? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. For rip-out renovations work, how do you protect building sections and interior content that is not to be disturbed?
12. Does your safety manual address measures to prevent damage to neighboring buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you give an example?
13. What measures are taken to prevent equipment vibrations from cracking neighboring concrete and other inflexible construction material that may compose a structure?
14. Do you shut off the water supply & overhead sprinkler systems for interior demolitions? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why and describe what is done to prevent damage to these systems:
15. Do you use any kind of water / misting system to hold down dust on interior jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have a known, standing order in your company to shut off such systems whenever you are not at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does your safety program identify measures to prevent over demolishing on a project? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide an example:
17. Do you perform City ordered demolition work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what measures are taken to prevent demolishing the wrong address / location?
18. When performing torch work, how do you contain sparks and hot slag so that they do not escape and present a fire hazard?
19. Do you ventilate confined spaces that may contain noxious, combustible vapors to avoid the hazard of explosion? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. How do you prevent public access to job sites?
21. How do you protect the public from falling objects, materials and debris?
22. Do you ever barricade or block-off thoroughfares, public walkways or sidewalks without a permit or the equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you ever encroach on public streets with materials, debris or equipment without a permit or the equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
24. If barricading or encroaching is prominent, are visible warnings posted to alert the public? <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are signs and lighting used to point out hazards at the work site? <input type="checkbox"/> Yes <input type="checkbox"/> No
26. Do you ever contemplate dismantling industrial, chemical, petroleum or any other tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you hire an engineer to assess the volatility of residual, interior substances that may be flammable, caustic or explosive? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is done to assess this exposure?

PART 6 CLAIMS EXPERIENCE

Please provide 5-year loss history and explain all claims of \$10,000 or greater.

Present Liability Insurance:

Insurer	Effective Date	Policy #	Premium
			\$

Please have your insurance broker complete the prior policy information for 4 years prior on the Acord Liability application. Including the information requested on this form.

- Most Current financial statement*
- Copy of sub-contracts used with subs*

Note: Certain States have statutes concerning fraudulent claims and/or deliberate misrepresentations to induce an insurer to provide coverage. If you wish to know the ramifications of such acts in your State, please consult with your insurance agent.

Note: The proposed insurance company reserves the right to inspect your operations, while it has no duty to do so. Should an inspection be conducted that generates recommendations to an insured, failure to comply may result in the cancellation of the policy.

I hereby certify that the foregoing information supplied on this application, along with any supplemental information provided in connection thereto, is true and accurate to the best of my knowledge. I further understand that any general liability policy issued to me was done so upon reliance of the representation herein. I further understand and agree that any intentional material misrepresentations could compromise the insurance protection hereby afforded.

Applicant's Signature:	Date:
Producer's Signature:	Date: