

WRECKING OF BUILDING (Per Job Basis)
GENERAL LIABILITY SUPPLEMENT
 (Include Acord application)

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

Number of years in business: _____ Years in demolition business: _____

Average number of employees: _____

Has applicant or any other person for whom coverage is being requested, ever been fined or cited for performing unsafe work? Yes No

Is applicant fully engaged in, owned by, associated with or involved in any other enterprise? Yes No

If yes, provide details: _____

Estimated receipts for coming year: Demolition: \$ _____ Other: \$ _____

Estimated payroll for coming year: Demolition: \$ _____ Other: \$ _____

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

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

Is there a written contract for this job? Yes No

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

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

What is the job cost? \$ _____

How demolished? (by hand, wrecking ball, etc.): _____

Describe equipment to be used: _____

How is equipment transported to and from job site? _____

Number of cranes owned (include age, type, size, and weight) _____

Are cranes leased to others? Yes No If yes, with operators? Yes No

Will you use explosives? Yes No Are there abutting walls? Yes No

Will the area be barricaded? Yes No If yes, how high? _____ feet

What other safety precautions will be taken? _____

Do you check for asbestos, hazardous materials and/or PCBs before beginning demolition? Yes No

Do you obtain written confirmation that all utilities have been turned off? (gas, water and electric)

Yes No

Will you retain the salvage? Yes No Briefly describe: _____

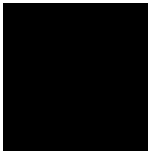
How is debris removed? _____

Do you obtain certificates of insurance from all subcontractors? Yes No

Minimum requirements required: \$ _____

Do you have a formal safety program? Yes No

Briefly describe: _____



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

Any underground storage tanks removal operations? Yes No
 If yes, percent of total operations: _____ %
 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: _____
 Does applicant have Workers Compensation coverage in force? Yes No
 Does applicant lease employees? Yes No
 Dollar value of average job completed: \$ _____
 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: _____

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

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