

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION – DEMOLITION CONTRACTORS – SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:		Date:
Insured:		
Insured Mailing Address:		
Insured's Web Address:		
Insured Contact Name:		Phone Number:

PROHIBITED (check all that apply to your operations)

- Explosives exposures, even if subcontracted out
- Hazardous material removal (i.e. asbestos, lead or similar), even if subcontracted out
- Leasing cranes to third parties
- Pollution remediation, removal
- Underground tank removal
- Wrecking ball exposures

TYPE OF POLICY

- Annual 12 month policy
- Short term, job specific policy

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application
 _____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LICENSING

- Licensed License Number: _____ Year License Issued: _____
- Certified Demolition Contractor

DEMOLITION CONTRACTORS – SUPPLEMENTAL

CONTRACTS (check if applicable)

Written contracts are always used with third parties. If not, explain:

LOSS HISTORY

Three years of loss history information provided on ACORD application or attached to this application

OPERATIONS / EXPOSURES

States where work is anticipated during the policy term:

Exposure	% of Operations
Commercial Demolition Work	%
Industrial Demolition Work	%
Residential Demolition Work	%
Total	100 %

Exposure	% of Operations
Interior (soft) Demolition Work	%
Exterior (structural) Demolition Work	%
Total	100 %

Provide details on additional operations or exposures below if not mentioned above:

Abutting walls may exist with some demolition projects

Demolition by hand

Demolition with equipment:

Bulldozer

Crane – Confirm age, type, size and weight:

Crane – Confirm age, type, size and weight:

Crane – Confirm age, type, size and weight:

Other – Describe: _____

Other – Describe: _____

Depth of demolition work exceeds 3 feet. If so advise maximum depth in feet: _____

Height of demolition may exceed 30 feet. If yes, advise maximum number of feet: _____

Employees (total to include leased employees)	
Job Cost (average)	\$
Job Length in Days (average)	
Projects - Number anticipated during policy term	
Salvage – Annual receipts from salvage sales	\$

DEMOLITION CONTRACTORS – SUPPLEMENTAL

HAZARD CONTROLS

- Barricades are always used around the demolition area
- Debris is always placed in approved disposal sites owned by third parties
- Safety plan exists in writing and is followed
- Utility shut-offs are always verified in writing

SUBCONTRACTORS

- Use of subcontractors for demolition work is prohibited

EMPLOYEES

- Total Number of Employees (include leased employees): _____

PAYROLLS / COSTS

All Owner Payroll (Cap at \$16,000 per Owner)	\$
All Employee Payroll (if any)	\$
All Leased Employee Payroll (if any)	\$

RECEIPTS

All Operations	\$
----------------	----

DISCONTINUED OPERATIONS / DISCONTINUED NAMED INSUREDS

- Acted in the capacity of a General Contractor and/or Construction Project Manager on new-ground-up residential construction (defined as apartments, condos, co-ops, homes or townhomes) in past 10 years.
- Discontinued Operations for this application's Named Insured(s) in the past 10 years. Provide details below:

- Operated under a different 'Named Insured(s)' in the past 10 years. Indicate the Named Insured(s) and corresponding operations for the Named Insured(s) below:

COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery (i.e. Identity Theft) – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Pollution Exclusion – Limited Exception for Short-Term Event – U680
- Professional Extension – Contractors Professional Liability Coverage Limitation – U146
- Stop Gap Liability – U066

DEMOLITION CONTRACTORS – SUPPLEMENTAL

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- *The answers are true, correct and complete to the best of his/her knowledge.*
- *They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE