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**DEMOLITION CONTRACTORS
 SUPPLEMENTAL APPLICATION**

_____ General Agent Name
 Address: _____

 Phone: _____
 Fax: _____

Date: _____
 Insured: _____ Location: _____

APPLICATION INFORMATION

Years in Business: _____ % residential _____
 Years of Experience: _____ % commercial _____
 Number of Employees: _____ % industrial _____
 Subcontractor Cost: \$ _____
 Total Payroll: \$ _____ # of projects annually _____
 Total Receipts: \$ _____

CONTRACTORS QUESTIONNAIRE

- Type of work done by you and your employees: _____
 - Has applicant or any other person for whom coverage is being requested, ever been fined or cited for performing unsafe work? ___ Yes ___ No If yes, provide full details: _____
 - Provide details of licensing or certification needed for this operation: _____
 - Maximum number of stories: _____ Max. depth below grade: _____ ft.
 - Describe any other operations. _____
 - Describe your last 5 jobs including the cost of those jobs, size of building (number of stories), and method of demolition
- | Job | Size and Method of Demolition | Job Receipts |
|-------|-------------------------------|--------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

- Describe any losses: _____
- 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, bulldozer, etc.) _____
 - Describe equipment to be used: _____
 - How is equipment transported to and from job site: _____
 - Number of cranes owned?(include age, type, size & 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? _____
 - What other safety precautions will be taken? _____
- Do you check for asbestos, hazardous materials and/or PCBs before beginning demolition?
 ___ Yes ___ No If yes, do you have a permit to remove asbestos, or do you use subs for remediation? _____

- Do you obtain written confirmation that all utilities have been turned off? Yes No
- How long will job take? _____
- How close are surrounding buildings to structure to be demolished? _____
- Will retain the salvage? Yes No Estimated salvage value \$ _____
- How is debris removed? _____

- Do you have a formal safety Plan? Yes No
- Dollar value for average job completed: \$ _____

COMPLETE FOR SUBCONTRACTED WORK

- What work are the subcontractors hired to do?
 _____ % _____ % _____ %
 _____ % _____ % _____ %
- Are certificates of insurance obtained prior to subcontractors starting work? Yes No
 Minimum Limits Required \$ _____
- Are you named as an additional insured on the subcontractor's policy? Yes No
- Do subcontractors carry Worker's Compensation? Yes No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____