



# DEMOLITION CONTRACTORS QUESTIONNAIRE

Insurance Innovators, Inc.  
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## GENERAL INFORMATION

Company Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year business started: \_\_\_\_\_

Union affiliations: \_\_\_\_\_

Phone number: \_\_\_\_\_

Management experience in industry: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Contact name: \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Website address: \_\_\_\_\_

Trade/Association memberships: \_\_\_\_\_

## OPERATIONS

Total revenue, incl. salvage: \$ \_\_\_\_\_

Salvage revenue: \$ \_\_\_\_\_

Total payroll: \$ \_\_\_\_\_

Payroll excluding office/clerical: \$ \_\_\_\_\_

### Demolition Building Types

- Commercial: \_\_\_\_\_ %
- Manufacturing/Warehouse: \_\_\_\_\_ %
- Residential: \_\_\_\_\_ %
- Other: \_\_\_\_\_ %

### Estimated payroll breakdown by classification:

Classification	Payroll
A) Carpentry N.O.C.	\$ _____
B) Concrete construction	\$ _____
C) Contractors executive supervisor	\$ _____
D) Contractors permanent yard	\$ _____
E) Metal erection – structural	\$ _____
F) Salvage operations	\$ _____
G) Second hand building material sales	\$ _____
H) Excavation	\$ _____
I) Garbage, ash, refuse collection	\$ _____
J) Grading of land	\$ _____
K) Machinery-installation/service/repair	\$ _____
L) Masonry work	\$ _____
M) Trucking for others	\$ _____
N) Drivers for you only	\$ _____
O) Wrecking – building/structures	\$ _____
P) Other (describe): _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

### Demolition Building Heights

- 1 – 3 stories: \_\_\_\_\_ %
- Over 3 stories: \_\_\_\_\_ %

### Demolition Occupancy

- Unoccupied buildings: \_\_\_\_\_ %
- Partially occupied buildings: \_\_\_\_\_ %

### Demolition Work Breakdown

- Exterior: \_\_\_\_\_ %
- Interior/Strip out: \_\_\_\_\_ %

### Demolition Work By Area

- City: \_\_\_\_\_ %
- Suburban: \_\_\_\_\_ %
- Rural: \_\_\_\_\_ %

Territory of operations (NOTE: if multi-state operations provide breakdown by state): \_\_\_\_\_

What types of items are salvaged? \_\_\_\_\_

What is the method of disposal for the salvaged items? \_\_\_\_\_

Any operations sold, acquired, or discontinued in the last five (5) years? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**GENERAL LIABILITY**

	Yes	No
Are the conditions of nearby structures documented before demolition begins? If no, what documentation methods do you employ? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are shared walls or foundations shored up before demolition begins?	<input type="checkbox"/>	<input type="checkbox"/>
Are job sites secured? If so... temporary perimeter fencing?, "no trespassing" signs?, lighting during night hours?, patrolled by security guards?, restricted area posted with signs? Circle all that are applicable.	<input type="checkbox"/>	<input type="checkbox"/>
Are job site visitors accompanied by the insured? If no, what controls are in place for job site visitors? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are utility companies, or their equivalent consulted prior to the start of the job?	<input type="checkbox"/>	<input type="checkbox"/>
Are the utilities and power shut down prior to building demolition?	<input type="checkbox"/>	<input type="checkbox"/>
Are utility lines, cables and piping protected from damage before demolition begins?	<input type="checkbox"/>	<input type="checkbox"/>
For rip-out renovation work, how are the building sections, including load bearing walls, protected from damage and interior content that is not to be disturbed? _____		
When doing interior demolition work, is the standard procedure to shut off the water supply and overhead water sprinkler systems? If "No", explain why and describe procedures to prevent damage to these systems. _____ If water/misting systems are used to hold down dust, are they shut off when contractor is not at the site? If so, by whom: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are proper ventilation methods used in confined spaces that may contain noxious, combustible vapors to avoid the hazard of explosion? If so, what methods are used? _____	<input type="checkbox"/>	<input type="checkbox"/>
Is torch work performed? If yes, how are sparks and hot slag contained in order to avoid a fire hazard? _____ Is all equipment regularly inspected and maintained to prevent failures? How often? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture and/or fabricate any equipment, parts or accessories for sale, lease, rent or loan? If yes, please provide details, brochures, annual sales and percentage or overall business: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are your operators? <input type="checkbox"/> Union <input type="checkbox"/> Non-Union      Percentage of employee turnover _____%		
What screening methods are employed for qualified workers and/or equipment operators? _____		
Is any leasing of employees done? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how often? _____		
Is evidence of the leasing companies' General Liability insurance secured?	<input type="checkbox"/>	<input type="checkbox"/>
Is the contractor named as an Additional Insured on the leasing company's General Liability policy?	<input type="checkbox"/>	<input type="checkbox"/>
Is the contractor held harmless by the leasing company for the actions of their employees?	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees, leased or not, given on-going training during the course of their employment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been engaged in or will be engaged in asbestos, lead, PCB or any other hazardous materials remediation or other operations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you perform blasting operations?	<input type="checkbox"/>	<input type="checkbox"/>
Are blasting operations on your jobs performed by others?	<input type="checkbox"/>	<input type="checkbox"/>
On residential jobs, do you demolish to studs?	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL LIABILITY (continued)**

- Do you perform any build-out?  Yes  No
- Do you have a formal loss control or safety program?  Yes  No
- Do you have a risk manager and/or safety director who is responsible for safety activities?  Yes  No
- Do you use subcontractors? If yes, provide the following:  Yes  No

For what work are the subcontractors hired?

Type of work	% of Revenue	Dollar amount
		\$
		\$
		\$
		\$

- Do you always use written contracts containing hold-harmless agreements with subcontractors?  Yes  No
- Do you require all subcontractors to include you as an Additional Insured?  Yes  No
- Do you require a Certificate of General Liability & Workers Compensation insurance from all subcontractors?  Yes  No

What limits do you require from your subcontractors? \$ \_\_\_\_\_  
At a minimum, they should be the equivalent of your GL limits.

Do you use, own, rent, or operate cranes? If yes, provide the following:

- Number of jobs in which cranes used in the past year: \_\_\_\_\_
- Number of cranes owned: \_\_\_\_\_
- Number of crane operators that are the insured's employees: \_\_\_\_\_
- Are these operators certified and properly trained? \_\_\_\_\_
- Number of cranes rented annually from others: \_\_\_\_\_
- With or without operators?
    - o If with operators, are they certified and properly trained? \_\_\_\_\_

- Any boom heights over 140 feet?  Yes  No
- Are the cranes used for purposes other than demolition?  Yes  No
- If so, please outline the usage? \_\_\_\_\_
- Are cranes certified?  Yes  No
- If yes, how often and by whom? \_\_\_\_\_

**AUTOMOBILE** .....

- Are drivers trained in proper techniques to secure loads for transport?  Yes  No
- Are vinyl or mesh tarps used to cover debris hauled on trucks?  Yes  No
- Are vehicles equipped with warning devices and backup alarms?  Yes  No
- Are all drivers operating vehicles over 26,000 GVW required to have a CDL?  Yes  No
- Do you have a routine vehicle maintenance program?  Yes  No
- Is fleet maintenance performed by your employees?  Yes  No
- If so, what maintenance do they perform? \_\_\_\_\_

**☐ AUTOMOBILE (continued)**

	Yes	No
What maintenance is performed by outside agencies?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees repairing vehicles certified mechanics?	<input type="checkbox"/>	<input type="checkbox"/>
Do you perform the following prior to hiring new drivers? (check all that apply)		
<input type="checkbox"/> Physical Exam <input type="checkbox"/> Check MVR <input type="checkbox"/> Over the road driving test		
Do you check MVRS on a regular basis after hiring? - If so, on what frequency? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a formal driver safety program?	<input type="checkbox"/>	<input type="checkbox"/>
On insured's premises, are the vehicles protected when not in use? - If so, how? _____	<input type="checkbox"/>	<input type="checkbox"/>
If the vehicles are left on the job sites overnight, are they protected from vandalism and theft? - If so, how? _____	<input type="checkbox"/>	<input type="checkbox"/>

**☐ WORKERS COMPENSATION** .....

	Yes	No
Is there a full-time safety manager?	<input type="checkbox"/>	<input type="checkbox"/>
Are safety-training meetings held weekly?	<input type="checkbox"/>	<input type="checkbox"/>
Is attendance at safety-training meetings mandatory for all job site employees?	<input type="checkbox"/>	<input type="checkbox"/>
Is fall protection provided for all employees?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees trained in proper lifting and/or swinging techniques?	<input type="checkbox"/>	<input type="checkbox"/>
Are workers with potential exposure to hazardous substances provided with protective gear, decontamination areas and showers at job sites?	<input type="checkbox"/>	<input type="checkbox"/>
Are pre-employment physicals required?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees required to submit to:		
- Random drug testing	<input type="checkbox"/>	<input type="checkbox"/>
- Periodic physical exams	<input type="checkbox"/>	<input type="checkbox"/>
Are physical exams required of all temporary workers?	<input type="checkbox"/>	<input type="checkbox"/>

**☐ FRAUD WARNING AND SIGNATURE** .....

**WARNING:** any person, who with intent to defraud to knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

The signature of the applicant verifies that the information contained on this questionnaire is correct and no misrepresentations have been made.

Insured's signature \_\_\_\_\_ date: \_\_\_\_\_

Agent/producer signature \_\_\_\_\_ date: \_\_\_\_\_

**Include the following underwriting information to help expedite the quoting process:** (1) Completed ACORD applications, signed & dated; (2) Five years currently valued loss runs; (3) This completed questionnaire, signed & dated; (4) Narrative on any losses in excess of \$10,000; (5) A list of projects for the past year including descriptions; (6) Copy of contracts used with subcontractors; (7) If employee leasing is done, a copy of the lease agreement will be required if the General Liability coverage is written. Please note that coverage is not provided for action over indemnity losses generated by leased worker activities.