



INSURANCE AGENCY, INC.  
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS  
 Ten Granite Street Suite 2  
 Quincy, MA 02169  
 617.471.7171 800. 972.5381 Fax: 617.471.7180  
 www.xsbrokers.com

xsbrokers.com  
**DEMOLITION & BLASTING  
 CONTRACTOR'S LIABILITY  
 APPLICATION**

1. APPLICANTS NAME \_\_\_\_\_
2. ADDRESS \_\_\_\_\_
3. LOCATION OF OTHER PREMISES \_\_\_\_\_
4. APPLICANT IS:    \_\_\_ INDIVIDUAL       \_\_\_ PARTNERSHIP    \_\_\_ CORP.    \_\_\_ OTHER: \_\_\_\_\_  
                           \_\_\_ OWNER               \_\_\_ TENANT           \_\_\_ LESSEE    \_\_\_ OTHER: \_\_\_\_\_
5. YEARS IN BUSINESS \_\_\_\_\_
6. HAS APPLICANT PREVIOUSLY BEEN IN BUSINESS UNDER ANY OTHER NAME?   \_\_\_ YES    \_\_\_ NO
7. GIVE COMPLETE DESCRIPTION OF APPLICANT'S OPERATIONS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DEMOLITION CONTRACTORS**

8. TYPE OF DEMOLITION OR WRECKING (E.G., HAND ONLY OR HAND & BULLDOZER, CLAM SHELL,ETC,;HEIGHT) \_\_\_\_\_  
 \_\_\_\_\_
9. DESCRIBE HOW WORK WILL BE DONE, IN DETAIL: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. PUBLIC EXPOSURE
  - a) WHAT PROTECTIONS ARE AFFORDED FOR GENERAL PUBLIC (HOW SIDEWALK, STREETS, ALLEYS ARE PROTECTED)? \_\_\_\_\_  
 \_\_\_\_\_
  - b) DOES CONTRACTOR OBTAIN WRITTEN CONFIRMATION THAT ALL UTILITIES (GAS, ELECTRIC, & WATER) HAVE BEEN SHUT OFF?   \_\_\_ YES    \_\_\_ NO
  - c) IF NOT, WHAT IS THE PROCEDURE? \_\_\_\_\_  
 \_\_\_\_\_
11. a) AVERAGE LENGTH OF TIME OF EACH JOB \_\_\_\_\_ b) MAXIMUM LENGTH \_\_\_\_\_
12. a) NUMBER OF EMPLOYEES \_\_\_\_\_ b) PAYROLL \_\_\_\_\_
13. a) GROSS RECEIPTS \_\_\_\_\_ b) ESTIMATED VALUE OF SALVAGE (INDICATE WHETHER OR NOT THIS VALUE IS INCLUDED IN GROSS RECEIPTS FIGURE): \_\_\_\_\_  
 \_\_\_\_\_



30. WAS PREVIOUS COVERAGE ON CLAIMS-MADE BASIS? \_\_\_Y \_\_\_N

31. HAS ANY COMPANY EVER CANCELLED OR REFUSED TO RENEW LIABILITY INSURANCE FOR THE APPLICANT? \_\_\_Y \_\_\_N

IF YES, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. COVERAGE DESIRED: \_\_\_CGL \_\_\_M&C \_\_\_PRD/COMP/OPS

33. OPTIONAL COVERAGES DESIRED: \_\_\_PERS. INJURY \_\_\_CONTRACTUAL \_\_\_BROAD FORM PD  
\_\_\_INDEPENDENT CONTRACTOR \_\_\_XCU \_\_\_BROAD FORM CGL EDST.

34. LIMIT OF LIABILITY DESIRED \_\_\_\_\_

35. DEDUCTIBLE DESIRED \_\_\_\_\_

36. PROPOSED EFFECTIVE DATE \_\_\_\_\_

WARRANTY: It is warranted that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to XS Brokers Insurance Agency, Inc, Broker for the Company.

Signature of Applicant\* \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

\*SIGNING THIS FORM DOES NOT BIND THE APPLICANT, THE COMPANY OR BROKER TO COMPLETE THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.