



Demolition & Blasting Contractor Application

100 Corporate Pkwy, Ste 2-Birmingham,AL 35242

Submissions: marketing@hiig.com

(Please answer all questions. If questions do not apply, please state "N/A")

Name of Applicant _____

Mailing address _____

City _____ State _____ Zip _____

Location _____

Name of Agent _____

Mailing address _____

City _____ State _____ Zip _____

Proposed Effective Date:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Partnership Corporation Joint Venture Other (Specify)

1. Years in business under current name _____

2. Has applicant previously been in business under any other name: Yes No

If yes, give details: _____

3. Give complete description of applicant's operations: _____

DEMOLITION CONTRACTORS

4. Type of demolition or wrecking (e.g., hand only or hand & bulldozer, clam shell, etc.; height): _____

5. Describe how work will be done, in detail: _____

6. Public Exposure:
- a. What protections are afforded for general public (e.g., how sidewalk, streets, alleys are protected, etc.)? _____

- b. Does Contractor obtain written confirmation that all utilities (gas, electric, and water) have been shut off? ___ Yes ___ No
 If no, what is the procedure? _____

7. Average length of time of each job: _____ Maximum length _____
8. Number of employees: Payroll: _____ Gross Receipts: _____
9. Estimated value of salvage (indicate whether or not this value is included in gross receipts figure: _____

10. Is there a permanent location or yard? ___ Yes ___ No If yes, describe (giving square footage) _____

11. How many of your jobs are sub-contracted? (explain) _____

12. Does the applicant obtain certificates of insurance from all subcontractors? ___ Yes ___ No
13. Please attach a list of completed jobs in the past year and a description for each one.

BLASTING CONTRACTORS

14. Type of blasting (rural/urban, quarries, sewer lines, etc.) _____

15. What protection is afforded the general public? _____

16. Does the applicant obtain a preblast survey for jobs within 100 feet of structures? ___ Yes ___ No
17. List all blasting personnel and their license number:

Name	Yrs Experience	License No.

18. Do only licensed personnel set and detonate all charges? ___ Yes ___ No
19. Gross Receipts: \$ _____
20. Average length of job: _____
21. Does the applicant store any explosives on owned or leased premises? ___ Yes ___ No
 If yes, need to know safety precautions: _____

22. How many jobs are subcontracted: _____

23. Does the applicant obtain certificates of insurance from all subcontractors: Yes No
24. On a separate sheet, list and describe all jobs completed in the past year.
25. PREVIOUS INSURER: Indicate premium and losses past 3 years. Describe all losses in excess of \$10,000 last five years.

Year	Carrier	Premium	No. of Claims	Amt Paid	Amt Reserved

25. Was previous coverage on claims-made basis? Yes No
 If yes, uninterrupted claims-made coverage has been in effect since: _____
 If yes, what retroactive date is desired? _____
26. Has any company ever cancelled or refused to renew liability insurance for the applicant? Yes No
 If yes, give details: _____
27. Coverage desired: CGL M&C Prod/Comp/Ops
28. Optional Coverages Desired: Personal Injury Contractual Broad Form PD Ind. Cont.
 XCU Broad Form CGL Endt.
29. Limit of Liability Desired: _____
30. Deductible desired: _____
31. Proposed Effective Date _____

WARRANTY: It is warranted to HIIG-Energy 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 the application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to HIIG-Energy

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Applicant's Signature _____ Date Signed. _____

Insured's Title _____ Insured's name, typed or printed _____