



**Liberty**  
International  
Underwriters™

**DEMOLITION CONTRACTORS/BLASTING OPERATIONS  
SUPPLEMENTAL APPLICATION**

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

**1. General Information**

Insured: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_ Years in Business: \_\_\_\_\_

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

% residential \_\_\_\_\_

% industrial \_\_\_\_\_

Subcontractor Cost: \_\_\_\_\_

Total Payroll: \_\_\_\_\_

# of projects annually: \_\_\_\_\_

Total Receipts: \_\_\_\_\_

**2. Contractors and Blasting Operations 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: \_\_\_\_\_

Maximum depth below grade: \_\_\_\_\_

Describe any other operations: \_\_\_\_\_

Describe your last 5 jobs including the cost of those jobs, the size of the building (number of stories), and method of demolition:

Job	Size and method of demolition	Job receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How demolished? (by hand, bulldozer, etc.) \_\_\_\_\_  
 Number of cranes owned (please include age, type, size & weight) \_\_\_\_\_  
 Are cranes leased to others? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, with operators? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Will you use explosives? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe construction blasting completed in the last 5 years? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What management position is responsible for blasting? \_\_\_\_\_  
 Is a qualified blaster employed? Full time? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Part time? Yes \_\_\_\_\_ No \_\_\_\_\_  
 On a job basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is a qualified blaster sub-contracted? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please describe arrangements? \_\_\_\_\_

Does the blaster do Blast Design, Layout, and Drilling? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, please explain \_\_\_\_\_

Indicate the extent of blasting activities done or planned in the next 24 months:

	Have Done	Planned in the next 2 years
Street and Road	_____	_____
Grading of Land	_____	_____
Underground Excavation (sewer, water, etc.)	_____	_____
Building Excavation	_____	_____
Rock Quarry	_____	_____
Demolition	_____	_____
Shaft Sinking	_____	_____
Tunneling	_____	_____
Other (describe)	_____	_____

Explosive storage (permanent)- Type explosive, class of magazine, location, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Maximum amount of explosive stored, type and weight) \_\_\_\_\_  
 \_\_\_\_\_

Are explosives transported in owned vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are blasting records kept? Describe (format, availability, etc.) \_\_\_\_\_

Are pre-blast physical surveys done? Yes \_\_\_\_\_ No \_\_\_\_\_  
 By insured or by others? \_\_\_\_\_  
 If others, please explain \_\_\_\_\_

Is seismograph monitoring done? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_  
 Will retain the salvage? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Estimated salvage value? \_\_\_\_\_  
 How is debris removed? \_\_\_\_\_

**3. 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

**The undersigned certifies that the statements in this Application and its attachments are true and accurate**

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

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

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

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_