



# Louisville-Jefferson County Metro Government

Develop Louisville – Office of Construction Review

*Louisville Forward*

## Agent's Questionnaire – Demolition Contractor

A. Name of Insured Demolition Contractor: \_\_\_\_\_

B. Address of Insured Demolition Contractor: \_\_\_\_\_

C. Agency Name, Contact Person and Phone Number: \_\_\_\_\_

D. The following questions pertain to the insurance policy(ies) issued to this contractor. Please describe, in detail, any areas where coverage deviates from that requested:

1. Is there a standard I.S.O. **Commercial General Liability** policy in force providing Completed Operations and Contractual Liability coverage for all jobs performed by this Contractor?

Yes \_\_\_ No \_\_\_

If some other form of General Liability policy is in force, please explain in detail: \_\_\_\_\_

2. List the name of the Commercial General Liability Insurer: \_\_\_\_\_

3. List the policy term of the Commercial General Liability policy: \_\_\_\_\_

4. List the Limits of Liability provided by this Commercial General Liability policy:

A. General Aggregate: \_\_\_\_\_

B. Each Occurrence, including Completed Operations Coverage: \_\_\_\_\_

Note: Minimum limits of Liability under the Licensing Ordinance are \$300,000 per occurrence/ \$600,000 aggregate for Type A Licenses and \$1,000,000 per occurrence/2,000,000 aggregate for Type B Licenses

5. Does this Commercial General Liability policy contain any of the following endorsement limitations on coverage:

A. Blanket (automatic) coverage is provided for **all jobs during** the coverage period: Yes \_\_\_ No \_\_\_

B. Blanket (automatic) coverage is provided for **Residential** jobs only: Yes \_\_\_ No \_\_\_

C. Is there a ball and cable (or similar) exclusion in the policy? Yes \_\_\_ No \_\_\_

D. Is there a limitation on the number of stories or square footage of buildings to be demolished?  
Yes \_\_\_ No \_\_\_ If so, please list the limitation: \_\_\_\_\_

E. Is there any exclusion for damage to buildings or property located within a specified number of feet of the structure being demolished? Yes \_\_\_ No \_\_\_

F. List the amount of deductible, if any, under the Commercial General Liability policy: \_\_\_\_\_

G. Is there any exclusion for jobs which require blasting? Yes \_\_\_ No \_\_\_

H. Please describe all other endorsements limiting coverage: \_\_\_\_\_

6. List the name of the company providing Workers Compensation coverage: \_\_\_\_\_

7. State the policy term for the Workers Compensation policy: \_\_\_\_\_

8. State the Limits of Liability under the Workers Compensation policy for each of the following:

A. Each Accident: \$ \_\_\_\_\_

B. Disease - Policy Unit: \$ \_\_\_\_\_

C. Disease – Each Employee: \$ \_\_\_\_\_

Note: Minimum limit required under the Licensing Ordinance is \$100,000 each accident

9. Is a License Bond in effect? Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, list the Bonding Company: \_\_\_\_\_

B. What is the Bond Penalty? \_\_\_\_\_

C. What is the term of the Bond? \_\_\_\_\_

Note: Ordinance requires a \$10,000 Bond Penalty for Type A and \$25,000 for Type B Licenses

10. Will the Commercial General Liability insurer agree to list the Louisville/Jefferson County Metro Government as an Additional Insured as respects all demolition permits issued by Metro Louisville? Yes \_\_\_\_\_ No \_\_\_\_\_

**This is required by Ordinance. Please add this Additional Insured confirmation onto the Certificate when submitting for licensing approval. See wording below.**

11. Will all insurers agree to provide thirty (30) days Advance Notice of Cancellation to Metro Louisville? Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, What is the maximum notice available? \_\_\_\_\_)

To be valid for obtaining a License for Demolition, the Agent must sign and date this questionnaire.

Agents Signature: \_\_\_\_\_

Agents Name (print or type): \_\_\_\_\_

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

**A properly completed certificate of insurance must accompany this form when it is submitted to Louisville Metro's Office of Construction Review**

**Certificates are to be issued to:** Louisville Metro Government  
Office of Construction Review  
444 South 5<sup>th</sup> Street, 100  
Louisville, KY 40202

**Additional Insured should read:** "The Louisville Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors are added as additional insured as respects operations of the named insured performed relative to the permit. 30 Day Cancellation Notice applies."