

<b>Client Name:</b> _____
<b>Demolition Contractor Coverage Summary / Quote Comparison</b>
<b>Date:</b> _____

**Client Name:** \_\_\_\_\_

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

**Demolition Contractor Coverage Summary/Quote Comparison**

Property		
	Current Policy	Alternative Quote
Insurance Company		
Brokerage Firm		
A.M. Best's Rating		
Policy Term		
Limits (Insert Applicable Limits)		
<u>Buildings</u> - List Total Limit for All Covered Buildings	\$	\$
<u>Contents / Business Personal Property</u> - List Total Limit for All Covered Locations	\$	\$
<u>Business Income/Extra Expense</u> - List Total Limit for All Covered Locations	\$	\$
<u>Other Coverage</u> (If Any) - Describe: _____ List Total Limit for All Covered Locations	\$	\$
<u>Other Coverage</u> (If Any) - Describe: _____ List Total Limit for All Covered Locations	\$	\$
<i>Attach Property Schedule Listing Values at All Covered Locations</i>		
<b>Blanket Limits - A Total Limit that is shared between all listed locations (Circle Yes or No)</b>		
Building - All Covered Locations	Yes or No	Yes or No
Contents- All Covered Locations	Yes or No	Yes or No
Business Income/Extra Expense- All Covered Locations	Yes or No	Yes or No
<u>Other Coverage</u> (If Any) - Describe: _____ All Covered Locations	Yes or No	Yes or No
<u>Other Coverage</u> (If Any) - Describe: _____ All Covered Locations	Yes or No	Yes or No

<b>Property</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Deductibles (List per Claim Deductible Amount)</b>		
Building - Amount of Deductible	\$	\$
Contents - Amount of Deductible	\$	\$
Business Income/Extra Expense - Amount of Deductible	\$	\$
Other Coverage (If Any) - Describe: _____ Amount of Deductible	\$	\$
Other Coverage (If Any) - Describe: _____ Amount of Deductible	\$	\$
<b>Coinsurance Penalty(s)*</b>		
Building - List Percentage Required		%
Contents - List Percentage Required		%
Business Income - List Percentage Required		%
Other Coverage (If Any) - Describe: _____ List Percentage Required		%
Other Coverage (If Any) - Describe: _____ List Percentage Required		%
<b>Agreed Amount Applicable- Removes Coinsurance Penalty (Circle Yes or No)</b>		
Building - Agreed Amount	Yes or No	Yes or No
Contents - Agreed Amount	Yes or No	Yes or No
Business Income/Extra Expense - Agreed Amount	Yes or No	Yes or No
Other Coverage ( If Any) - Describe: _____ Agreed Amount	Yes or No	Yes or No
Other Coverage ( If Any) - Describe: _____ Agreed Amount	Yes or No	Yes or No

<b>Property</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Valuation Basis (Circle Replacement Cost (RC) or Actual Cash Value (ACV) or Insert Description of Other Valuation)</b>		
Building	RC / ACV / Other: _____	RC / ACV / Other: _____
Contents	RC / ACV / Other: _____	RC / ACV / Other: _____
Business Income/Extra Expense - Form of Coverage	Valuation Basis - Describe _____	Valuation Basis - Describe _____
Other Coverage (If Any) - Describe: _____	Valuation Basis - Describe _____	Valuation Basis - Describe _____
Other Coverage (If Any) - Describe: _____	Valuation Basis - Describe _____	Valuation Basis - Describe _____
<b>Coverage Forms (Circle Yes or No or Insert Description of Form)</b>		
Other Coverage (If Any) - Describe: _____	Form - Describe _____	Form - Describe _____
Other Coverage (If Any) - Describe: _____	Form - Describe _____	Form - Describe _____

<b>Property</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Extensions of Coverage</b>		
<u>Building Automatic Increase / Inflation Guard - List Percentage</u> Applicable (Building limits are automatically increased, by the % indicated )	%	%
<u>Debris Removal - List Limit</u> (Cost of Cleanup and Debris Removal after a covered cause of loss)	\$	\$
<b>Building Ordinance Coverage</b>		
<u>Coverage A - Loss to Undamaged portion of Building - Circle</u> "Included" <u>or</u> List Separate Limit (Covers part of the building that was <u>not</u> damaged that the Building Code requires to be torn down.)	Included in Building Limit	Included in Building Limit
	\$	\$
<u>Coverage B - Demolition Cost - List Limit</u> (Covers the cost of the demolition of the undamaged part of the building)	\$	\$
<u>Coverage C - Increased Cost of Construction - List Limit</u> (Covers the additional costs incurred in order to meet the current building codes; e.g. ADA Access, Earthquake Reinforcement, Fire Sprinklers, etc.)	\$	\$
<b>Computer Coverage or Electronic Data</b>		
Computer Hardware -List Limit	\$	\$
Computer Software Data - List Limit	\$	\$
<u>Computer Extra Expenses - List Limit</u> (Additional expenses incurred due to an interruption in computer operations due to a covered loss)	\$	\$

<b>Property</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Extensions of Coverage (Cont.)</b>		
<u>Equipment or Mechanical Breakdown</u> - Circle "Included" or "Not Included" (Covers building equipment replacement or repairs due to damage, not maintenance or wear and tear)	Included / Not Included	Included / Not Included
<u>Extended Period of Indemnity - Business Income</u> - Insert Number of Days Coverage (Covers the time period after the loss has been repaired while the business is rebuilding its sales)	Number of Days: _____	Number of Days: _____
<b><u>Earthquake Sprinkler Leakage (EQSL)*</u></b> (Damage caused by <u>water</u> released from sprinklers after sprinklers are damaged by an earthquake)		
<u>Buildings</u> - List Total EQSL Limit for All Covered Buildings	\$	\$
<u>Contents / Business Personal Property</u> - List Total EQSL Limit for All Covered Locations.	\$	\$
<u>Business Income/Extra Expense</u> - List Total EQSL Limit for All Covered Locations	\$	\$
<u>EQSL Deductible(s)</u> - List Per Claim Deductible Amount	\$	\$
<b><u>Newly Acquired Property</u></b>		
Building - List Limit	\$	\$
Building - List Maximum Time Period	Number of Days: _____	Number of Days: _____
Contents - List Limit	\$	\$
Contents - List Maximum Time Period	Number of Days: _____	Number of Days: _____
Business Income - List Limit	\$	\$
Business Income - List Maximum Time Period	Number of Days: _____	Number of Days: _____

<b>Property</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Extensions of Coverage (Cont.)</b>		
Foundations -Circle "Included" or "Not Included"	Included / Not Included	Included / Not Included
Pollution Clean up & Removal* - List Limit	\$	\$
( Most standard policies have very restrictive coverage associated with damage from pollutants. It is important to understand what coverage is applicable based on a few key areas - What causes of pollutant release are covered? What causes are excluded? What type of damage is covered - building, contents, business interruption, pollutant extraction from land or water? Finally you need to know the amount of coverage applicable and if it is restricted in certain areas.) Describe specific coverage applicable		
Property Off Premises - List Limit	\$	\$
<u>Roadways, Walks, Patios &amp; other Paved Surfaces</u> - Circle "Included" or "Not Included"	Included / Not Included	Included / Not Included
<u>Retaining Wall(s)</u> - Circle "Included" or "Not Included"	Included / Not Included	Included / Not Included
<u>Unintentional Property Errors and Omissions</u> - Circle "Included" or "Not Included" (Accidental Failure to list property )	Included / Not Included	Included / Not Included
<u>Transit</u> - List Limit of Coverage (Covers property moving between locations)	\$	\$
<b><u>Sewers &amp; Drains Back Up</u></b> (Covers water damage from a sewer or drain pipe)		
Building - List Limit for Water Damage	\$	\$
Contents - List Limit for Water Damage	\$	\$
Other Property - Describe: _____ List Limit for Water Damage		
<u>Other Coverage Extension</u> - Describe Coverage: _____ List Limit	\$	\$
<u>Other Coverage Extension</u> - Describe Coverage: _____ List Limit	\$	\$
<u>Other Coverage Extension</u> - Describe Coverage: _____ List Limit	\$	\$

<b>Property</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Extensions of Coverage (Cont.)</b>		
<b>Utility Services</b> (Expenses incurred due to interruption of electrical power, water, or gas utility service to the described premises)		
Property (Direct) Damage -List Limit of Coverage	\$	\$
Business Income - List Limit of Coverage	\$	\$
Utility Service Deductible - Property		
Utility Service Deductible - Business Income		
<b>Includes the following Utilities (Circle Yes or No)</b>		
<b>On Premises</b> Power Water Communication	Yes or No Yes or No Yes or No	Yes or No Yes or No Yes or No
<b>Off Premises</b> Power Water Communication	Yes or No Yes or No Yes or No	Yes or No Yes or No Yes or No
<b>Valuable Papers &amp; Records</b> - List Limit of Coverage (Covers loss, damage or research costs for Valuable Papers and Records)	\$	\$
<b>Crime</b>		\$
<b>Employee Theft or Employee Dishonesty</b> - List Limit of Coverage (Covers employees theft of property or cash from the business)	\$	\$
Erisa Coverage Included? (Circle Yes or No)	Yes or No	Yes or No
<b>Forgery &amp; Alteration</b> - List Limit of Coverage (Covers illegal signing or altering of a check)	\$	\$
<b>Money &amp; Securities</b> - List Limit of Coverage (Covers the loss or destruction of money and securities other than employee dishonesty and forgery)	\$	\$



<b>Property</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Extensions of Coverage (Cont.)</b>		
<u>Money Orders and Counterfeit Currency</u> - List Limit of Coverage (Covers fraudulent money orders or counterfeit paper currency accepted by an insured)	\$	\$
<u>Other Crime Coverage</u> - Describe: _____ List Limit	\$	\$
<u>Other Crime Coverage</u> - Describe: _____ List Limit	\$	\$
<u>Other Crime Coverage</u> - Describe: _____ List Limit	\$	\$
<b>Property Exclusions ( Circle Excluded or Covered)</b>		
Loss or Damage due to Building Collapse	Excluded or Covered	Excluded or Covered
Loss or Damage due to Employee Dishonesty	Excluded or Covered	Excluded or Covered
Loss or Damage due to Earth Movement / Earthquake	Excluded or Covered	Excluded or Covered
Loss or Damage due to Fungus, Wet Rot, Dry Rot & Bacteria	Excluded or Covered	Excluded or Covered
Loss or Damage due to Any Governmental or Civil Action	Excluded or Covered	Excluded or Covered
<u>Loss Due to Loss of Market</u> ( Covers your business for lost profits because demand for your products no longer exists due to an event)	Excluded or Covered	Excluded or Covered
Loss Or Damage due to Nuclear Hazard	Excluded or Covered	Excluded or Covered
Loss or Damage due to Pollutant Damage	Excluded or Covered	Excluded or Covered
Loss or Damage due to Rust or Corrosion	Excluded or Covered	Excluded or Covered
Loss or Damage Due to Smoke, Vapor, Gas	Excluded or Covered	Excluded or Covered
Loss or Damage Due to Terrorism	Excluded or Covered	Excluded or Covered
Loss or Damage Due to War	Excluded or Covered	Excluded or Covered
Loss or Damage Due to Flood	Excluded or Covered	Excluded or Covered
Loss or Damage due to Wear & Tear	Excluded or Covered	Excluded or Covered
<b>Other Exclusions - List All</b>		
<u>Other Exclusion</u> - Loss or Damage due to (Describe) _____	Excluded or Covered	Excluded or Covered
<u>Other Exclusion</u> - Loss or Damage due to (Describe) _____	Excluded or Covered	Excluded or Covered

<b>Property</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Premium &amp; Fees</b>		
Property Premium	\$	\$
Terrorism - Mandatory (Some Insurance Companies include coverage for Fire Damage resulting from Terrorism even if Terrorism coverage is rejected. As a result there is a mandatory premium charge for this coverage, even if Terrorism coverage is rejected)	\$	\$
Terrorism - Optional ( Provides coverage for an "act of terrorism" per the Terrorism Risk Insurance Act. Coverage can be rejected)	\$	\$
Taxes / State Fees	\$	\$
Broker Fee (If Any)	\$	\$
<b>Total</b>	\$	\$
Minimum Earned Premium *- Circle "None" or Insert Minimum Dollar Amount or Percentage Applicable;	<b>None</b>	<b>None</b>
	\$	\$
	%	%
<b>Other</b>		
Billing Method - Circle One	Direct Bill / Agency Bill	Direct Bill / Agency Bill
<b>Payment Plan</b>		
Deposit Amount	\$	\$
Number of Installments		
Installment Period (Examples: Monthly, Bi-Monthly, Quarterly)		
Installment Amounts	\$	\$
Installment Charges (if Any)	\$	\$
<b>Notes - Insert Items Needed</b>		
<u>Quote Requirements</u> (Items Required by the Insurance Company and Date Due) Examples: Loss/Risk Control Visit, Forms needing to be signed, Required information.		
Other Notes or Options - Describe		
Other Notes or Options - Describe		

\* **NOTE - See Glossary for Definition**

**Client Name:** \_\_\_\_\_

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

***Demolition Contractor Coverage Summary/Quote Comparison***

Inland Marine		
	Current Policy	Alternative Quote
Insurance Company		
Brokerage Firm		
A.M. Best's Rating		
Policy Term		
Limits (Insert Applicable Limits)		
Scheduled Equipment - List Total Limit (Schedule should be attached, individually listing all items valued over \$1,000 per item)	\$	\$
Unscheduled Equipment or Small Tools - List Total Limit (Unscheduled items include all items valued under \$1,000 each)	\$	\$
Equipment Leased, Rented or Borrowed - From Others		
Any One Item - List Limit	\$	\$
All Items Combined - List Limit	\$	\$
Equipment Leased, Rented or Borrowed - To Others		
Any One Item - List Limit	\$	\$
All Items Combined - List Limit	\$	\$
Other Equipment - Describe: _____ List Total Limit	\$	\$
Other Equipment - Describe: _____ List Total Limit	\$	\$
Deductibles - List Per Claim Deductible Amount		
Scheduled Equipment Deductible	\$	\$
Unscheduled Equipment or Small Tools Deductible	\$	\$
Equipment Leased, Rented or Borrowed - From Others	\$	\$
Equipment Leased, Rented or Borrowed - To Others	\$	\$
Other Equipment Deductible - Describe: _____	\$	\$
Other Equipment Deductible - Describe: _____	\$	\$

<b>Inland Marine</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Coinsurance Penalty(s)*</b>		
Scheduled Equipment - List Percentage Required	%	%
Unscheduled Equipment - List Percentage Required	%	%
Equipment Leased, Rented or Borrowed-From Others - List Percentage Required (%)	%	%
Equipment Leased, Rented or Borrowed - To Others - List Percentage Required	%	%
Other Equipment - Describe: _____ List Percentage Required	%	%
Other Equipment - Describe: _____ List Percentage Required	%	%
<b>Valuation (Circle Replacement Cost (RC), Actual Cash Value (ACV), or Describe Valuation Basis)</b>		
Scheduled Equipment	RC / ACV / Other: _____	RC / ACV / Other: _____
Unscheduled Equipment or Small Tools	RC / ACV / Other: _____	RC / ACV / Other: _____
Equipment Leased, Rented or Borrowed - From Others	RC / ACV / Other: _____	RC / ACV / Other: _____
Equipment Leased, Rented or Borrowed - To Others	RC / ACV / Other: _____	RC / ACV / Other: _____
Other Equipment - Describe: _____	RC / ACV / Other: _____	RC / ACV / Other: _____
Other Equipment - Describe: _____	RC / ACV / Other: _____	RC / ACV / Other: _____
<b>Coverage Forms (Circle Yes or No or Describe Other Form)</b>		
For Each Type of Equipment - Is <u>Special Cause of Loss</u> Form Applicable (Circle Yes or No - If No, Describe the Form to be Used)		
Scheduled Equipment	Yes / No - Describe: _____	Yes / No - Describe: _____
Unscheduled Equipment or Small Tools	Yes / No - Describe: _____	Yes / No - Describe: _____
Equipment Leased, Rented or Borrowed - From Others	Yes / No - Describe: _____	Yes / No - Describe: _____
Equipment Leased, Rented or Borrowed - To Others	Yes / No - Describe: _____	Yes / No - Describe: _____
Other Coverage - Describe: _____	Yes / No - Describe: _____	Yes / No - Describe: _____
Other Coverage - Describe: _____	Yes / No - Describe: _____	Yes / No - Describe: _____

<b>Inland Marine</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Extensions of Coverage Continued ( Insert Amount of Coverage)</b>		
<u>Newly Acquired Equipment</u>		
List Limit	\$	\$
List Maximum Number of Days Coverage		
<u>Construction Documents - List Limit</u> (includes blueprints, plans, drawings, designs, specifications or similar documents)	\$	\$
<u>Construction Models - List Limit</u>	\$	\$
<u>Construction Trailer and Contents - List Limit</u>	\$	\$
<u>Debris Removal - List Limit</u>	\$	\$
<u>Employee Tools &amp; Clothing</u>		
List Limit Per Employee	\$	\$
List Maximum Limit, all Employees Combined	\$	\$
<u>Pollutant Cleanup and Removal -List Limit of Coverage</u>	\$	\$
<u>Preservation of Property*</u>		
List Limit	\$	\$
List Maximum Number of Days Coverage		
<b>Extensions of Coverage ( Insert Amount of Coverage)</b>		
<u>Equipment Rental Expense Reimbursement</u> (Expenses to rent replacement equipment while the damaged equipment is being repaired.)	\$	\$
<u>Other Extensions - Describe: _____</u>	\$	\$
<u>Other Extensions - Describe: _____</u>	\$	\$
<u>Other Extensions - Describe: _____</u>	\$	\$

<b>Inland Marine</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Inland Marine Exclusions (Circle Excluded or Covered)</b>		
<u>Loss or Damage due to Consequential Loss</u> (A loss that occurs following the direct damage to property of a covered loss. Example = Loss of a job as a result of theft of property critical to the job.)	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Decay or Deterioration</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage Due to Employee Dishonesty</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Electrical Arcing</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Governmental or Civil Action</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Hidden or latent Defect</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Mechanical Breakdown</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Mysterious Disappearance</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Nuclear Hazard</u>	Excluded or Covered	Excluded or Covered
<b>Inland Marine Exclusions Continued (Circle Excluded or Covered)</b>		
<u>Loss or Damage due to Pollutant Damage</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Rust or Corrosion</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Unexplained Loss</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to War &amp; Military Action</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Wear &amp; Tear</u>	Excluded or Covered	Excluded or Covered
<u>Loss or Damage due to Weather Conditions</u>	Excluded or Covered	Excluded or Covered
<b>Other Exclusions - List All:</b>		
<u>Other Exclusion</u> - Loss or Damage due to - Describe: _____	Excluded or Covered	Excluded or Covered
<u>Other Exclusion</u> - Loss or Damage due to - Describe: _____	Excluded or Covered	Excluded or Covered

<b>Inland Marine</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Premium &amp; Fees ( Insert Amounts)</b>		
Inland Marine Premium	\$	\$
Terrorism - Mandatory (Some Insurance Companies include coverage for Fire Damage resulting from Terrorism even if Terrorism coverage is rejected. As a result there is a mandatory premium charge for this coverage, even if Terrorism coverage is rejected)	\$	\$
Terrorism - Optional ( Provides coverage for an "act of terrorism" per the Terrorism Risk Insurance Act. Coverage can be rejected)	\$	\$
Taxes / State Fees	\$	\$
Broker Fee (If Any)	\$	\$
<b>Total</b>	\$	\$
Minimum Earned Premium* - Circle "None" or Insert Minimum Dollar Amount or Percentage Applicable	<b>None</b>	<b>None</b>
	\$	\$
	%	%
<b>Other</b>		
Billing Method - Circle One	Direct Bill / Agency Bill	Direct Bill / Agency Bill
<b>Payment Plan</b>		
Deposit Amount	\$	\$
Number of Installments		
Installment Period (Examples: Monthly, Bi-Monthly; Quarterly)		
Installment Amounts	\$	\$
Installment Charges (if Any)	\$	\$
<b>Notes:</b>		
Quote Requirements (Items Required by the Insurance Company and Date Due) Examples: Loss/Risk Control Visit, Forms needing to be signed, Required information, Other.		
Other Notes or Options - Describe _____		
Other Notes or Options - Describe _____		

\* NOTE - See Glossary for Definition

**Client Name:** \_\_\_\_\_

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

**Demolition Contractor Coverage Summary/Quote Comparison**

<b>Automobile</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
A.M. Best's Rating		
Policy Term		
<b>Limits (Insert Applicable Limits)</b>		
Liability Limit	\$	\$
Medical Payments Limit (Limit to cover First Aid and minor injury claims)	\$	\$
Uninsured / Underinsured Motorists Limit	\$	\$
Coverage Includes Physical Damage - Comprehensive?	Yes or No	Yes or No
Coverage Includes Physical Damage - Collision?	Yes or No	Yes or No
Other Coverage - Describe: _____ Limit	\$	\$
Other Coverage - Describe: _____ Limit	\$	\$
<b>Deductibles - List Per Claim Deductible Amount</b>		
Liability	\$	\$
Physical Damage		
Comprehensive	\$	\$
Collision	\$	\$
Other Deductible - Describe Coverage: _____ Deductible:	\$	\$



<b>Automobile</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Auto Coverage Symbols - Insert Applicable Symbol</b>		
Liability Coverage (Best = 1 or 2,8,9)		
Medical Payments Coverage (Best = 2)		
Uninsured / Underinsured Motorists Coverage (Best = 2)		
Physical Damage Coverage (Best = 2) (May show 2, 8 if Hired Auto Physical Damage is included)		
Other Coverage		
<b>Symbol Definition</b>		
1	Any Auto (includes Hired and Non-Owned Autos)	
2	Owned Autos Only	
3	Owned Private Passenger Autos Only	
4	Owned Autos other than Private Passenger	
5	Owned Autos subject to No-Fault	
6	Owned Autos subject to Compulsory Uninsured Motorists Law	
7	Specifically Described Autos	
8	Hired Autos	
9	Non-Owned Autos	

<b>Automobile</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Standard Automobile Endorsements (Circle Yes or No)</b>		
Includes Blanket Additional Insured ?*	Yes or No	Yes or No
Includes Blanket Waiver of Subrogation?*	Yes or No	Yes or No
Includes Broadened Knowledge of Occurrence? *	Yes or No	Yes or No
Includes Broadened Pollution Coverage?*	Yes or No	Yes or No
Includes Drive Other Car Coverage?*	Liability, Medical Payments, Uninsured / Underinsured Motorists, Comprehensive and Collision Coverages	Liability, Medical Payments, Uninsured / Underinsured Motorists, Comprehensive and Collision Coverages
Circle Coverage(s) Included:		
Insert the Name(s) of those individuals covered for Drive Other Car		
Does Drive Other Car includes spouses?	Yes or No	Yes or No

<b>Automobile</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Automobile Endorsements (Cont.)</b>		
Includes Fellow Employee Endorsement?*	Yes or No	Yes or No
Hired Car Physical Damage - Insert Limit or Insert "None" (Provides Physical Damage Coverage for vehicles that you rent)	\$	\$
Other Endorsement - Describe: _____	Yes or No	Yes or No
Other Endorsement - Describe: _____	Yes or No	Yes or No
Other Endorsement - Describe: _____	Yes or No	Yes or No
Other Endorsement - Describe: _____	Yes or No	Yes or No
<b>Standard Exclusions (Circle if Exposure is Covered or Excluded)</b>		
Damage Resulting from Nuclear Energy	Covered / Excluded	Covered / Excluded
Damage Resulting from War	Covered / Excluded	Covered / Excluded
Injury Due to Fellow Employee*	Covered / Excluded	Covered / Excluded
Damage from Pollution / Pollutants ( Are chemicals that leak from the operational parts of the vehicle included in the coverage?)	Covered / Excluded	Covered / Excluded
Racing *	Covered / Excluded	Covered / Excluded
<b>Other Exclusions - List All:</b>		
Other Exclusions - Describe: _____	Covered / Excluded	Covered / Excluded
Other Exclusions - Describe: _____	Covered / Excluded	Covered / Excluded
Other Exclusions - Describe: _____	Covered / Excluded	Covered / Excluded
<b>Rating Basis</b>		
# of Vehicles (Power Units)		
# of Trailers		
Average Cost per Vehicle - Insert Amount (Premium + Broker Fee / # of Vehicles)	\$	\$

<b>Automobile</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Premium &amp; Fees</b>		
Automobile Premium	\$	\$
Terrorism	\$	\$
Taxes / Fees	\$	\$
Broker Fee (If Any)	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>
<b>Other</b>		
Billing Method - Circle One	Direct Bill / Agency Bill	Direct Bill / Agency Bill
<b>Payment Plan</b>		
Deposit Amount	\$	\$
Number of Installments		
Installment Period (Examples: Monthly, Bi-Monthly, Quarterly)		
Installment Amounts	\$	\$
Installment Charges (if Any)	\$	\$
<b>Notes</b>		
Quote Requirements (Items Required by the Insurance Company and Date Due) Examples: Loss/Risk Control Visit, Forms needing to be signed, Required information.		
<u>Any Driver Exclusions or Restrictions</u> - If so List Excluded Drivers or Describe Restrictions		
<u>Other Notes or Options</u> - Describe: _____		
<u>Other Notes or Options</u> - Describe: _____		

**Client Name:** \_\_\_\_\_

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

**Demolition Contractor Summary/Quote Comparison**

<b>General Liability</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
A.M. Best's Rating		
Policy Term		
<b>Limits (Insert Applicable Limits)</b>		
<b>General Liability</b>		
Each Occurrence Limit of Coverage	\$	\$
<u>General Aggregate Limit</u> (Total Policy Limit for All Claims, except for Products/Completed Operations)	\$	\$
<u>Products/Completed Operations Aggregate Limit</u> (Coverage for Liability arising out of your Products or your Completed Work)	\$	\$
<u>Personal &amp; Advertising Injury</u> (Coverage for injuries to a 3rd Party due to your advertising, or libel or slander)	\$	\$
<u>Damage to Rented Premises</u> (Coverage for Fire Damage caused by you, to a space you rent)	\$	\$
<u>Medical Expense Limit</u> (Limit to cover First Aid and minor injury claims)	\$	\$
<b>Employee Benefits Liability</b>		
(For failure to properly explain benefits options to employees eg. Cobra Benefits, Health Insurance)		
Employee Benefit Liability - Each Claim Limit	\$	\$
Employee Benefit Liability - Aggregate Limit (Total Policy Limit for All Claims)	\$	\$
Form Type - Circle One:	Claims Made / Occurrence Form	Claims Made / Occurrence Form
Claims Made Retroactive Date * - Insert Date		
Other Note - Describe: _____	\$	\$
Other Note - Describe: _____	\$	\$
Other Note - Describe: _____	\$	\$

<b>General Liability</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Deductible ( List Deductible Amount)</b>		
<b>Deductible Amount</b>		
General Liability	\$	\$
Employee Benefits Liability	\$	\$
Deductible Basis - Circle One	Per Claim or Per Occurrence	Per Claim or Per Occurrence
<b>Applies To</b>		
Property Damage	Yes or No	Yes or No
Bodily Injury	Yes or No	Yes or No
Combined	Yes or No	Yes or No
Claims Expense	Yes or No	Yes or No
<b>Policy Form (Circle Occurrence* or Claims Made* /Yes or No)</b>		
General Liability Form Type	Occurrence or Claims Made	Occurrence or Claims Made
<u>Are costs for Defense Expenses Outside (In Addition to) The Policy Limit?</u> (This means that Legal Expenses incurred defending a claim would not reduce your available Liability Limit. Liability Limits would then be for Payment of Judgments or Settlements Only. If so, Defense Costs are Unlimited.)	Yes or No	Yes or No
<b>Certificates / Additional Insureds (Circle Yes or No or Insert Information Requested)</b>		
Blanket Additional Insured*	Yes or No	Yes or No
<u>Any additional premium for any Additional Insured Form?</u> ( Insert Amount per form or "None")	\$	\$
<u>Additional Insured Form(s) used?</u> (Insert Form Description and edition dates)		
Completed Operations included?*	Yes or No	Yes or No
Primary Coverage for Additional Insureds?*	Yes or No	Yes or No
Blanket Waiver of Subrogation?*	Yes or No	Yes or No
Other Note - Describe: _____	Yes or No	Yes or No
Other Note - Describe: _____	Yes or No	Yes or No

<b>General Liability</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Sub-contractor Warranty* - Circle Yes or No / or Insert Amount</b>		
Is a Sub-contractor Warranty included in the policy?	Yes or No	Yes or No
Does failure to comply with the warranty jeopardize coverage?	Yes or No	Yes or No
What are the required Sub-contractor Limits?	\$	\$
Is the Sub required to list your business as an Additional Insured?	Yes or No	Yes or No
Will Sub-Contractor employees be considered your employees, and as a result, your sales/payrolls will be increased for your sub-contractor's costs?	Yes or No	Yes or No
Other Note - Describe:		
<b>General Liability Extensions (Circle Yes or No)</b>		
<u>Aggregate is per Location?</u> (Aggregate Limit applies separately to each location)	Yes or No	Yes or No
<u>Does the Definition of Injury include Mental Anguish?</u> (Some standard forms state that Bodily Injury does not include Mental or Emotional Injuries.)	Yes or No	Yes or No
Includes Broadened Knowledge of Occurrence?*	Yes or No	Yes or No
<b>General Liability Extensions - Cont. (Circle Yes or No)</b>		
Other Note - Describe:	Yes or No	Yes or No
Other Note - Describe:		
Other Note - Describe:		

<b>General Liability</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Contractor Endorsements ( Circle Included or Excluded)</b>		
Jobs covered under OCIPs (or CCIPs) (Owner (or Contractor) Controlled Insurance Program )*	Included or Excluded	Included or Excluded
Ball & Chain Work	Included or Excluded	Included or Excluded
Blasting Operations	Included or Excluded	Included or Excluded
Implosive Operations	Included or Excluded	Included or Excluded
Abatement Operations	Included or Excluded	Included or Excluded
<b>Coverage for Residential Construction (Circle Included or Excluded)</b>		
Residential Single Family Home	Included or Excluded	Included or Excluded
Townhomes or Condos	Included or Excluded	Included or Excluded
Apartments	Included or Excluded	Included or Excluded
Residential New Construction	Included or Excluded	Included or Excluded
Condo Conversions	Included or Excluded	Included or Excluded
<b>Other Endorsements or Restrictions</b>		
Any Height Restriction	Yes or No	Yes or No
Describe:		
Any Depth Restriction	Yes or No	Yes or No
Describe:		
Other Endorsements or Restrictions	Yes or No	Yes or No
Describe:		
Other Endorsements or Restrictions	Yes or No	Yes or No
Describe:		



<b>General Liability</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Exclusions (Circle if the Listed Exposure Coverage is Covered or Excluded)</b>		
Bodily Injury arising out of Abuse or Molestation	Covered or Excluded	Covered or Excluded
Bodily Injury or Property Damage associated with Asbestos	Covered or Excluded	Covered or Excluded
Damage First Occurring Prior to Effective Date (Applicable on Claims Made Policies Only)	Covered or Excluded	Covered or Excluded
Designated Operations Covered by a OCIP/CCIP/Wrap*	Covered or Excluded	Covered or Excluded
<u>Claims Associated with Discrimination</u> ( Actions based on race, sex or religion or other issues)	Covered or Excluded	Covered or Excluded
<u>Employment Related Practices</u> (Insurance for Employee Management actions. Separate coverage is available for Employment Practices Liability Insurance (EPLI).)	Covered or Excluded	Covered or Excluded
Loss due to Mold, Fungi, Bacteria or Infestation	Covered or Excluded	Covered or Excluded
Damage Resulting from Nuclear Energy	Covered or Excluded	Covered or Excluded
<u>Pollution</u> (Coverage for bodily injury or property damage related to the release of pollutants)	Covered or Excluded	Covered or Excluded
Hostile Fire Exception (To Pollution Exclusion)	Covered or Excluded	Covered or Excluded
Bodily Injury or Property Damage resulting from Professional Services provided or not provided	Covered or Excluded	Covered or Excluded
Bodily Injury or Property Damage resulting from Silica or Silica Mixed Dust	Covered or Excluded	Covered or Excluded
Subsidence	Covered or Excluded	Covered or Excluded
<b>Other Exclusions - List All:</b>	Covered or Excluded	Covered or Excluded
Other Extensions (Describe) _____	Covered or Excluded	Covered or Excluded
Other Extensions (Describe) _____	Covered or Excluded	Covered or Excluded
Other Extensions (Describe) _____	Covered or Excluded	Covered or Excluded

<b>General Liability</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Rating Basis ( Insert Applicable Rating Basis)</b>		
All Operations - Gross Sales - Estimated Annual		
Rate - Per \$1,000 of Gross Sales	\$	\$
Field Payroll - Estimated Annual		
Rate - Per \$1,000 of Field Payroll	\$	\$
<b>Premium &amp; Fees</b>		
General Liability Premium	\$	\$
Terrorism	\$	\$
Taxes / State Fees	\$	\$
Broker Fee (If Any)	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>
Minimum Earned Premium* - Circle "None" or Insert Minimum Dollar Amount or Percentage Applicable	<b>None</b>	<b>None</b>
	\$	\$
	%	%
Minimum & Deposit Premium* - Circle "None" or Insert Minimum Dollar Amount or Percentage Applicable	<b>None</b>	<b>None</b>
	\$	\$
	%	%
<b>Other</b>		
Billing Method - Circle One	Direct Bill / Agency Bill	Direct Bill / Agency Bill
<b>Payment Plan</b>		
Deposit Amount		
Number of Installments		
Installment Period (Examples: Monthly, Bi-Monthly, Quarterly)		
Installment Amounts	\$	\$
Installment Charges (if Any)	\$	\$
Auditable Basis (Circle One)	Monthly / Quarterly / Annual	Monthly / Quarterly / Annual

<b>General Liability</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Notes</b>		
<u>Quote Requirements</u> (Items Required by the Insurance Company and Date Due) Examples: Loss/Risk Control Visit, Forms needing to be signed, Required information.		
<u>Other Notes or Options</u> - Describe:		
<u>Other Notes or Options</u> - Describe:		

\* NOTE - See Glossary for Definition

**Client Name:** \_\_\_\_\_

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

**Demolition Contractor Coverage Summary/Quote Comparison**

<b>Umbrella/Excess Liability</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
A.M. Best's Rating		
Policy Term		
<b>Limits (Insert Applicable Limits)</b>		
Each Occurrence Limit	\$	\$
<u>General Aggregate Limit</u> (Total Policy Limit for All Claims, except for Products/Completed Operations)	\$	\$
<u>Products/Completed Operations Aggregate Limit</u> (Coverage for Liability arising out of your Products or your Completed Work)	\$	\$
<u>Personal &amp; Advertising Injury Limit</u> (Coverage for injuries to a 3rd Party due to your advertising, or libel or slander)	\$	\$
<b>Self Insured Retention (or Deductible ) ( Insert Amount)</b>		
Per Occurrence	\$	\$
<b>Policy Type</b>		
Circle: Umbrella* or Excess*	Umbrella or Excess	Umbrella or Excess

<b>Umbrella/Excess Liability</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Policy Form (Circle Occurrence or Claims Made)</b>		
Circle: Occurrence* or Claims Made*	Occurrence or Claims Made	Occurrence or Claims Made
<u>Other Form Type (Describe)</u>		
<b>Underlying Schedule - Policies over which Policy will provide additional limits (Circle Yes or No)</b>		
General Liability	Yes or No	Yes or No
Liquor Liability	Yes or No	Yes or No
Employers Benefit Liability	Yes or No	Yes or No
Automobile Liability	Yes or No	Yes or No
<u>Employers Liability</u> (Part of your Workers Compensation policy)	Yes or No	Yes or No
Other Liability (Describe) _____	Yes or No	Yes or No
Other Liability (Describe) _____	Yes or No	Yes or No
<b>Rating Basis</b>		
Is Premium Auditable?	Yes or No	Yes or No
If Auditable, Circle Basis	Payroll / Sales / Other:	Payroll / Sales / Other:
<u>If Auditable Rate Per</u>	Rate: ____ Per: _____	Rate: ____ Per: _____

<b>Umbrella/Excess Liability</b>		
	<b>Current Policy</b>	<b>Alternative Quote</b>
Insurance Company		
Brokerage Firm		
<b>Premium &amp; Fees</b>		
Umbrella Premium	\$	\$
Terrorism	\$	\$
Taxes / Fees	\$	\$
Broker Fee (If Any)	\$	\$
<b>Total</b>	\$	\$
<b>Other</b>		
Billing Method - Circle One	Direct Bill / Agency Bill	Direct Bill / Agency Bill
<b>Payment Plan</b>		
Deposit Amount	\$	\$
Number of Installments		
Installment Period (Examples: Monthly, Bi-Monthly, Quarterly)		
Installment Amounts	\$	\$
Installment Charges (if Any)	\$	\$
<b>Notes</b>		
Quote Requirements (Items Required by the Insurance Company and Date Due) Examples: Loss/Risk Control Visit, Forms needing to be signed, Required information.		
<u>Other Notes or Options</u> - Describe		

**\* NOTE - See Glossary for Definition**

**Client Name:** \_\_\_\_\_

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

***Demolition Contractor Coverage Summary/Quote Comparison***

Premium Summary		
	Current Policy	Alternative Quote
Broker / Agent Name		
Insurance Company(s)		
Property	\$	\$
Inland Marine	\$	\$
General Liability	\$	\$
Automobile	\$	\$
Other - Describe _____	\$	\$
Other - Describe _____	\$	\$
Package Sub-Total	\$	\$
Umbrella	\$	\$
Other - Describe _____	\$	\$
Totals	\$	\$

## **Glossary**

### **Blanket Additional Insured**

(Automatically grants additional insured status to a person or organization that you are required by contract to add as an additional insured, without having to specifically request that each additional insured be added.)

### **Blanket Waiver of Subrogation**

(Insurance company agrees not to recover claim costs from a responsible third party, after the insurer pays you, if you have made a written agreement to waive subrogation with the third party prior to the claim.)

### **Includes Broadened Knowledge of Occurrence?**

(The basic policy requires the insurance company to be notified of a potential claim when any insured is aware of the claim - this includes any employee while acting within the scope of their employment. The broadened form changes notification to be required only when the named insured or any officer of your company becomes aware of the possible loss.)

**Claims Made Form** - Policy that covers Claims Made (reported or filed) during the year the policy is in force. Coverage can also be extended to cover past policy periods when claims made coverage was applicable - subject to the Retroactive Date shown on the policy.

### **Claims Made Retroactive Date**

(Carrier will accept claims that have occurred, after the date stated, if there has been continual coverage since that date, with any insurance company. NOTE: Retroactive date should be the same as the first claims made policy date)

### **Coinsurance Penalty**

(Requirement that the Limit of Insurance carried be a minimum percentage of the Actual Total Value of the Property at the time of loss. If a lower amount of insurance is carried than the required percentage, a penalty will be applied if a claim occurs, which reduces the amount paid for the claim.)

### **Completed Operations included?**

(Some Additional Insured Endorsements do not provide coverage for your work after you leave a jobsite. "Completed Operations" coverage must be requested to be added specifically to the additional insured wording.)



**Designated Operations Covered by a OCIP/CCIP/Wrap**

(Owner (or Contractor) Controlled Insurance Program - A centralized insurance program under which one party procures insurance on behalf of all (or most) parties performing work on a project or a site. Also called a WRAP. If one of your projects provides insurance coverage for your company, you do not want to pay premium for duplicate coverage. You may, however, want your policy to provide excess coverage, should the OCIP coverage be exhausted.)

**Excess Liability Form**

( Provides Additional Limits over the underlying policies but does not broaden any Coverages.)

**Includes Broadened Pollution Coverage? (Automobile Coverage)**

(Includes coverage for the discharge of pollutants which are in, upon, owned, being transported by, loaded or unloaded from a covered auto.)

**Includes Drive Other Car Coverage?**

( Provides Personal Auto Coverage to a designated employee who is provided a company car, when that employee does not own another car in their own name and, does not carry personal auto insurance.)

Typically this would be Owners or Managers.

**Includes Fellow Employee Endorsement?**

(This endorsement deletes the standard policy exclusion for claims made by one injured employee against a fellow employee who caused the injury.)

**Injury Due to Fellow Employee Exclusion?** (Standard exclusion for claims made by one injured employee against a fellow employee who caused the injury.)

**Minimum & Deposit Premium**

(The smallest amount that will be charged based on the projected sales/payroll, even if the actual sales/payroll is below the projected sales/payroll. Often stated as 80%, 90% or 100% of Estimated Annual Premium.)

**Minimum Earned Premium**

(The smallest amount that will be charged even if the policy is canceled after one day.)

**Occurrence Form** - Policy that covers incidents occurring while the policy is in force, regardless of when the claim arising out of that incident is filed.

**Preservation of Property**

(After a covered loss has occurred, this extension provides coverage for the extra expenses incurred by you to protect the damaged property from further damage.)

**Primary Coverage for Additional Insureds?**

(Your policy will defend and pay the additional insured's loss before the additional insured's policy defends and/or pays.)

**Racing**

(Any vehicle while being used in, practicing or preparing for any professional or organized racing or demolition contest or stunting activity.)

**Retroactive Date**

(Carrier will accept claims that have occurred, after the date stated, if there has been continual coverage since that date, with any insurance company.)

**Sub-contractor Warranty**

(This is a set of requirements that must be followed if sub-contractors are used.)

NOTE: These endorsements vary widely, and the actual endorsement wording should be read and understood, before binding coverage. Some subcontractor warranties void coverage entirely.

**Subsidence Exclusion**

(A sinking of filled, graded, or undermined earth or soil back to its original or natural elevation that may be the result of faulty site preparation, grading or other work, or water runoff.)

**Umbrella Form**

(Provides Additional Coverages and Limits over the underlying policies)