

## BUILDING DEMOLITION QUESTIONNAIRE

**This form must be completed and signed in order for NYSIF to issue a certificate of insurance for a building demolition job.**

- (1) What is your NYSIF policy number? \_\_\_\_\_
- (2) What is the location (address) of the structure to be demolished?  
\_\_\_\_\_
- (3) If an asbestos survey was completed prior to demolition and asbestos was found, are you responsible for the asbestos removal at this site?  
\_\_\_\_\_  
If the answer to (3) was yes, what is the separate payroll for asbestos abatement?  
\_\_\_\_\_
- (4) What is the nature and extent of structure to be demolished (e.g., brick with steel frame, wood frame, one-story brick residential, steel warehouse, etc.)?  
\_\_\_\_\_
- (5) What demolition method will be used (e.g., explosives, mechanized or hand)?  
\_\_\_\_\_
- (6) On what date will the job begin? \_\_\_\_\_
- (7) How many days do you expect the job to take? \_\_\_\_\_
- (8) What will the total payroll be for those days? \_\_\_\_\_
- (9) What is the maximum number of employees, including day laborers, you will have at the jobsite? \_\_\_\_\_  
Of the above, how many are day laborers? \_\_\_\_\_
- (10) List the vehicles and mechanized equipment you will use on this job.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(11)** Is this demolition job part of a 'wrap-up' job insured by another contractor or property owner's workers' compensation insurance? \_\_\_\_\_

If the answer is yes, a demolition certificate will not be issued for this job by NYSIF. If the answer is no, a certificate may be issued and you will be responsible for the premium for the work.

**(12)** To whom should NYSIF issue a certificate for this job?

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Any person who willfully makes a false statement or representation, deliberately conceals any material fact, or engages in any other fraudulent scheme or device for the purpose of obtaining or attempting to obtain, or for the purpose of aiding or abetting any person to obtain insurance in NYSIF at less than the proper rate for such insurance or payment out of the NYSIF to which such person is not entitled, is guilty of a crime. In addition, NYSIF shall have a right of action to recover civil damages equal to three times the amount wrongfully obtained, or five-thousand dollars, whichever is greater. This right of action is in addition to any other remedy provided by law.

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

\_\_\_\_\_ BUSINESS NAME

\_\_\_\_\_ SIGNATURE OF OWNER, PARTNER OR OFFICER

Please mail your fully completed and signed Building Demolition Questionnaire to:

NEW YORK STATE INSURANCE FUND  
PO Box 66699  
ALBANY, NY 12206