

Building Demolition Questionnaire

This form must be completed and signed in order for the State Insurance Fund to issue a certificate of insurance for a building demolition job.

1. What is your State Insurance Fund policy number? _____
2. What is the location (address) of the structure to be demolished?

3. What type of structure is it (e.g., 6 story apartment building, 1 story warehouse, etc.)?

4. What type of construction is it (e.g., brick with steel frame, wood frame, etc.)?

5. What are the dimensions of the structure?

6. What demolition method will be used (e.g., explosives, mechanized or hand)?

7. On what date will the job begin? _____
8. How many days do you expect the job to take? _____
9. What will the total payroll be for those days? _____
10. What is the maximum number of employees you will have at the jobsite? _____
11. Are any of the above employees day laborers hired specifically for this job? _____ If so, how many? _____
12. List the vehicles and mechanized equipment you will use on this job.

13. 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.

14. 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 the State Insurance Fund at less than the proper rate for such insurance or payment out of the New York State Insurance Fund to which such person is not entitled, is guilty of a crime. In addition, the New York State Insurance Fund 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.

15. Date _____

BUSINESS NAME

SIGNATURE OF OWNER, PARTNER OR OFFICER

PLEASE RETURN COMPLETED AND SIGNED
FORM TO YOUR UNDERWRITER IN YOUR
LOCAL NYSIF BUSINESS OFFICE