



## Wrecking of Buildings or Structures Application

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT'S NAME AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____ _____ _____ <b>BUSINESS NAME OR TRADING NAME:</b> _____ <b>PROPOSED POLICY PERIOD:</b> _____ <b>TO:</b> _____	_____ _____ <b>APPLICANT'S PHONE NUMBER:</b> _____ <b>APPLICANT'S WEB ADDRESS:</b> _____ <b>INSPECTION CONTACT:</b> _____ <b>CONTACT PHONE NUMBER:</b> _____
<b>APPLICANT IS:</b> <input type="checkbox"/> <b>INDIVIDUAL (INCLUDE DATE OF BIRTH):</b> _____ <input type="checkbox"/> <b>PARTNERSHIP (INCLUDE DATES OF BIRTH):</b> _____ <input type="checkbox"/> <b>CORPORATION</b> <input type="checkbox"/> <b>JOINT VENTURE</b> OR <input type="checkbox"/> <b>OTHER</b> _____ Years in business: _____ Years of Experience in this field: _____	

Location #1 \_\_\_\_\_  
 Location #2 \_\_\_\_\_  
 Location #3 \_\_\_\_\_

Check here if application is for a specific project only. **Attach** separate sheet, if necessary.

LOCATION #	DESCRIPTION OF JOB	METHOD OF DEMOLITION	APPROXIMATE DATES

### UNDERWRITING INFORMATION

1. Years in Business? \_\_\_\_\_

Years of Experience in this field? \_\_\_\_\_

2. What is the annual payroll and sales including salvage?

**Wrecking** – buildings or structures, [99986](#) (s+), Premium Basis: 'Per \$1,000 of Gross Sales'

**Wrecking** – dismantling of prefabricated dwellings not exceeding three stories for re-erection, [99987](#) (s+), 'Per \$1,000 of Gross Sales'

**Salvage Operations** – removing, sorting, reconditioning and distributing of merchandise in damaged buildings and incidental operations away from such buildings, [98699](#) (p), 'Per \$1,000 of Payroll'

**Other:**

**Total**

ANNUAL PAYROLL	GROSS ANNUAL SALES

**UNDERWRITING INFORMATION (Continued)**

- 3. Describe the (2) largest jobs performed within the last 3 years. Include size of building, number of stories, method of demolition and job cost. \_\_\_\_\_  
\_\_\_\_\_
- 4. What is the maximum height of structures that will be demolished? \_\_\_\_\_
- 5. Describe the method of demolition (i.e. hand crane dozer, etc) \_\_\_\_\_  
\_\_\_\_\_
- 6. Does the applicant conduct his own blasting operations, or subcontract these services to others? .....  Yes  No  
If yes, provide license number and description. \_\_\_\_\_
- 7. Are subcontractors used to perform any portion of the work? .....  Yes  No  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
Does application use a subcontract agreement for all subcontracted operations? If yes, **attach** a copy. ....  Yes  No  
Are certificates of insurance required? .....  Yes  No  
Are Additional Insured agreements required? .....  Yes  No
- 8. Describe the public protection and loss control measures employed by the applicant to prevent losses. \_\_\_\_\_  
\_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

- 9. Has the applicant ever been cited or fined for unsafe practices? .....  Yes  No  
If yes, Explain. \_\_\_\_\_
- 10. Are shared walls inspected beforehand and properly shored or braced to withstand the necessary demolition operations and/or backfill? .....  Yes  No
- 11. Whenever possible, does the insured secure job sites and temporary perimeter fencing? .....  Yes  No
- 12. Are pre-demolition inspections of surrounding structures performed and documented in writing as well as with photographs or videotape? .....  Yes  No  
Who performs these inspections? \_\_\_\_\_  
Document condition of neighboring properties. \_\_\_\_\_  
Does applicant obtain written confirmation that all utilities have been turned off? (gas, water and electric)  Yes  No  
**Attach** a copy of the checklist.  
Does the applicant hire a qualified abatement contractor to remove hazardous material?  Yes  No
- 13. Does the applicant use a "Ball and Chain" demolition? .....  Yes  No  
Is a crane used? .....  Yes  No  
What is the size of the crane?                      Tons    Maximum Boom length  
Is a spotter or signal person used to guide the crane? .....  Yes  No
- 14. Describe any other operations not previously listed. \_\_\_\_\_

**GENERAL INFORMATION**

**EXPLAIN ALL "YES" RESPONSES**

- 1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? .....  Yes  No
- 2. Is a formal safety program in operation? .....  Yes  No
- 3. Any operations sold, acquired, or discontinued in the last 5 years? .....  Yes  No
- 4. Any current or past operations in AZ, CA, CO, NV, NY, OR, UT or WA? .....  Yes  No
- 5. Do you lease employees to or from other employers? .....  Yes  No

**GENERAL INFORMATION (Continued)**

- 6. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material; e.g., landfills, wastes, fuel tanks, etc.? .....  Yes  No
- 7. Machinery or equipment loaned or rented to others? .....  Yes  No
- 8. Any exposure to flammables, explosives or chemicals? .....  Yes  No

Explain: \_\_\_\_\_  
 \_\_\_\_\_

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)** \$ \_\_\_\_\_
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE** \$ \_\_\_\_\_
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)** \$ \_\_\_\_\_
- EACH OCCURRENCE** \$ \_\_\_\_\_
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)** \$ \_\_\_\_\_
- MEDICAL EXPENSE (ANY ONE PERSON)** \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  No  
 If yes, Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**PRIOR CARRIER HISTORY & LOSS INFORMATION (CONTINUED)**

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT – FOR THE STATE(S) OF:**

**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for

insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia, Washington:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

**New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date