



Associated Underwriters, Inc.
 9412 Giles Road
 LaVista, NE 68154

Phone: 402.592.0900
 Fax: 402.592.0962

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 _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

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

Note: The following forms must be attached to the policy.

Exclusion Unscheduled Demolition Projects, S105; Demolition Contractor – Schedule Demolition Project, S126

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?

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

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

 Producer's Signature Date Applicant's Signature Date

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

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.