



**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

