



**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



**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

