

WRECKING OF BUILDINGS OR STRUCTURES APPLICATION

(To be completed with Acord and Contractors Applications)

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

Phone Number for Inspection contact: _____

Proposed Policy Period: _____ to: _____ Web Address _____

INDIVIDUAL CORPORATION PARTNERSHIP JOINT VENTURE OTHER: _____

GENERAL INFORMATION

Years in Business? _____ Years of Experience in this field? _____

UNDERWRITING

1. What is the annual payroll and receipts including salvage? _____

2. Describe the type of structures demolished in the last 3 years. _____

3. What is the maximum height of structures that will be demolished? _____

4. Describe the method of demolition (i.e. hand creane dozer, etc) _____

5. Does the applicant use explosives? Yes No If yes, submit.

6. Are subcontors used to perform any portion of the work? Yes No If yes, explain _____

Are certificates of insurance required? Yes No If no rate as primary exposure.

7. Descrie the public protetction and loss control mesures employed by the applicant to prevent losses. _____

8. Has the applicant ever been cited or fined for unsafe practices? Yes No If yes, Explain _____

9. Please describe how the salvaged materials are handled. Does the insured sell the salvaged materials directly? If so, need to know amount of sales per year. If the insured sells directly, does he sell to a retail outlet or is he actually a salvage dealer selling direct to the public?

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Yes	No	EXPLAIN ALL "YES" RESPONSES	Yes	No
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	5. Do you lease employees to or from other employers?		
2. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	6. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material; e.g., landfills, wastes, fuel tanks, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any operations sold, acquired, or discontinued in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	7. Machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any current or past operations in California	<input type="checkbox"/>	<input type="checkbox"/>	8. Any exposure to flammables, explosives or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST THREE YEARS)

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

During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant? Yes No If yes, please explain: _____

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.

 Witness Date Applicant's Signature

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.