

Agent Name _____
 Agent Address _____
 Phone _____ Fax _____

Building Demolition / Wrecking Contractor's Liability Application

This application may be used as a stand-alone application. You do not need to complete ACORD sections. You may use this application for General Liability. Complete the General Information sections as well as the coverage sections you would like us to consider. This application may be used to consider coverage on an ANNUAL or PER JOB basis.

General Information

 Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Mailing Address _____ City _____ State _____ Zip _____
 Location Address _____ City _____ State _____ Zip _____
 Email Address _____ Web Address _____ Phone _____
 Inspection Contact _____ Phone _____
 Entity Type: Sole Proprietorship Partnership Corporation Other, Describe: _____
 Number of years experience _____
 Number of years the applicant has owned this business _____ Check if New Venture
 Has applicant previously been in business under any other name? _____

 Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Yes No (n/a in MO)
 If yes, please explain: _____

Previous Insurer Information Please complete the following table with the previous insurer information. If none, indicate "none".

Policy Period	Company	General Liability
	Limits	
	Premium	
	Company	
	Limits	
	Premium	
	Company	
	Limits	
	Premium	

Loss Information Check here if None

Enter all claims or losses (regardless of fault, and whether or not insured) or occurrences that may give rise to claims for prior 5 years.

Date of Loss	Date of Claim	Line	Description	Paid	Reserved	Status
						<input type="radio"/> Open <input type="radio"/> Closed
						<input type="radio"/> Open <input type="radio"/> Closed

Coverage is being requested on a(n) ANNUAL Basis PER JOB Basis

If PER JOB

Start date _____ Date job to be completed by _____

Address of structure to be demolished _____

Description of building or structure to be demolished (warehouse, factory, etc.) _____

Dimensions of struction on ground floor (ft.) _____ Height (ft.) _____ # of Stories _____

Construction type _____

If ANNUAL

Average length of time of each job _____

Maximum length _____

What is the maximum building height of jobs that applicant will accept? _____

Operations

Give complete description of applicant's operations _____

Describe type of demolition or wrecking to be performed (e.g. hand only, bulldozer, wrecking ball, etc.) _____

Describe how work will be done, in detail _____

What protections are afforded for the general public? (how are sidewalks, streets, alleys protected?) _____

Is written confirmation obtained that all utilities (Gas, Electric, Water) have been shut off? Yes No

If not, what is the procedure? _____

Is there a permanent location or yard? (if yes, give address and sq. footage) _____

Describe how debris will be removed _____

Provide a list of jobs completed in the past 12 months. (Describe on a separate sheet).

Subcontractors

Are any subcontractors used? Yes No

If yes, please complete the following questions:

a. Describe the type of work subcontracted (# of jobs,type, etc) _____

b. Do subcontractors carry coverages or limits less than yours? Yes No

c. Are subcontractors allowed to work without providing you proof of insurance? Yes No

d. Percentage of work subcontracted? _____ %

e. Amount paid to subcontractors \$ _____

Employees / Payroll

Number of Owners / Partners _____
Number of part time employees _____ Annual Payroll _____
Number of full time employees _____ Annual Payroll _____
Number of 1099 paid employees _____ Annual 1099 Payroll _____
Total Employee Payroll _____

Sales Information:

Description	PER JOB	ANNUAL	
	This Job	Past 12 Months	Next 12 Months
Gross Receipts (including value of salvage)			

Coverages Requested

General Liability	Limits
General Aggregate	_____
Products & Completed Ops. Aggregate	_____
Personal & Advertising Injury	_____
Each Occurrence	_____
Fire Damage (any one fire)	_____
Medical Expense (any one person)	_____
Deductible desired	_____

Any other coverages or notes: _____

FRAUD NOTICE

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.

STATE SPECIFIC PROVISION

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.

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.

West Virginia 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.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____