

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?

Wrecking – buildings or structures, [99986](#) (s+), Premium Basis: 'Per \$1,000 of Gross Sales'

Wrecking – dismantling of prefabricated dwellings not exceeding three stories for re-erection, [99987](#) (s+), 'Per \$1,000 of Gross Sales'

Salvage Operations – removing, sorting, reconditioning and distributing of merchandise in damaged buildings and incidental operations away from such buildings, [98699](#) (p), 'Per \$1,000 of Payroll'

Other:

Total

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

