

**WRECKING OF BUILDINGS
SUPPLEMENTAL APPLICATION**

Applicant's Name: _____

Agent's Name: _____

Mailing Address: _____

Producer Name: _____

1. Years in business under current name? _____ Years of experience in this field? _____

2. Annual Payroll: \$ _____ Estimated Annual Receipts: \$ _____
Does this include salvage amount? Yes No Estimated salvage value: \$ _____

3. Describe the type of structures applicant wrecks: _____

4. Maximum height of structures applicant wrecks: _____ Maximum Stories: _____

5. Describe the method of demolition (i.e., hand crane dozer, front end loader, etc.): _____

6. Are subcontractors used to perform any portion of the work? Yes No
Subcontractor cost: \$ _____
Are certificates of insurance required? Yes No

7. Describe the public protection and loss control measures employed by the applicant to prevent losses:

8. Are all job sites barricaded? Yes No
If no, explain: _____

10. Do you obtain written confirmation that all utilities (gas, water and electric) have been turned off?
 Yes No
If no, explain: _____

11. PLEASE ATTACH AN EXPLANATION FOR ALL YES ANSWERS BELOW

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No

Do you lease employees to or from other employers? Yes No

Is there any removal of underground tanks or lead paint? Yes No

Is there any removal of asbestos and or PCB's before beginning demolition? Yes No

Is there any wrecking of buildings with common walls or abutting walls? Yes No

Any adjacent structures closer than 50 ft from building to be demolished? Yes No

Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material; e.g. landfills, wastes, fuel tanks, etc. Yes No

Is machinery or equipment loaned or rented to others with operators? Yes No

Is machinery or equipment loaned or rented to others without operators? Yes No

Is there any exposure to or use of flammables, explosives or chemicals? Yes No

In the past 3 years has a company ever cancelled, declined or refused to issue any similar insurance to the applicant? Yes No

Has applicant ever been sited for unsafe practices? Yes No

Fraud Wording

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning fact material thereto commit a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____