

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

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www.scottsdaleins.com

Demolition Contractors (Per Job Basis) General Liability Application

Applicant's Name _____	Agency Name _____
Mailing Address _____	Agent _____
_____	Address _____
Location _____	_____
_____	E-Mail _____
Web Site Address _____	Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

- Number of years in business:** _____ Years in demolition business: _____
- Average number of employees:** _____
- Has applicant, or any other person for whom coverage is being requested, ever been fined or cited for performing unsafe work?** ☐ Yes ☐ No
If yes, provide full details: _____
- Provide details of licensing or certification needed for this operation:** _____

- Is there a written contract for this job?** ☐ Yes ☐ No
(If yes, furnish a copy)
- Describe applicant's two largest jobs, including size of building (number of stories), method of demolition and job cost:** _____

7. Give location and description of building to be demolished, including number of stories and type of construction: _____

- a. What is the job cost? _____
- b. Estimated duration of the job? _____
- c. How demolished? (by hand, wrecking ball, etc.) _____
- d. Describe equipment to be used: _____
- e. How is equipment to be transported to and from job site? _____
- f. Number of cranes owned (include age, type, size and weight): _____
- g. Will applicant use explosives?..... ☐ Yes ☐ No
Are there common or party walls?..... ☐ Yes ☐ No
- h. Will the area be barricaded?..... ☐ Yes ☐ No
If yes, how high? _____
- i. What other safety procedures will be taken? _____

- j. How many stories tall is the building? _____
- k. Are there structures to demolish other than buildings? ☐ Yes ☐ No
If yes, explain: _____

- l. Has applicant checked for asbestos, lead, hazardous materials, mold and/or PCBs?..... ☐ Yes ☐ No
Are any of these present? ☐ Yes ☐ No
If yes, explain: _____
- m. Will applicant obtain written confirmation that all utilities have been turned off? (gas, water and electric) ☐ Yes ☐ No
- n. Will applicant retain the salvage?..... ☐ Yes ☐ No
Estimated salvage value: \$ _____
How will debris be removed? _____

8. Does applicant obtain certificates of insurance from all subcontractors? ☐ Yes ☐ No
Minimum limit requirements: \$ _____

9. Does applicant have a formal safety program? ☐ Yes ☐ No
Briefly describe: _____

10. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☐ No
If yes, explain and advise where insured: _____

11. Please diagram building to be demolished and surrounding exposures (indicate distance to surrounding exposures).



12. Any underground storage tanks to remove? ☐ Yes ☐ No
13. Any employees working under:
 U.S. Longshoremen's and Harborworkers' Act? ☐ Yes ☐ No
 Jones Maritime Act? ☐ Yes ☐ No
 If yes, what percent? %
 Give city and state: _____
14. Does applicant have Workers' Compensation coverage in force? ☐ Yes ☐ No
15. During the past three years, has any company ever canceled, nonrenewed, declined or refused to issue similar insurance to the applicant? (not applicable in Missouri) ☐ Yes ☐ No
 If yes, explain: _____

PRIOR CARRIER INFORMATION

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims. ☐ See loss run attached

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

SCHEDULE OF HAZARDS

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

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.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"