

SCOTTSDALE OFFICE:
 P.O. Box 14770, SCOTTSDALE, AZ 85267-4770
 8475 E. HARTFORD DR., SCOTTSDALE, AZ 85255
 PHONE:(480) 991-7889 WATS (800) 848-8860
 FAX: (480) 948-1394 TOLL FREE (866) 240-8807



UTAH OFFICE:
 P.O. Box 571770, MURRAY, UT 84157-1770
 849 W. LE VOY DRIVE, SUITE 230, TAYLORSVILLE, UT 84123
 PHONE:(801) 290-1144 WATS (800) 594-8900
 FAX (801) 290-1160 TOLL FREE (800) 332-9285

DEMOLITION CONTRACTORS (ANNUAL POLICY) GENERAL LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

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

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Inspection Contact: _____

E-mail Address: _____ **Phone Number:** _____

Limits Of Liability & Deductible Requested:

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 premise)	\$
Medical Expense (any one person)	\$
Other Coverage, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

1. Number of years in business: _____ **Years in demolition business:** _____

2. Does applicant use a standard written contract? (If yes, provide a copy.)..... Yes No



3. Is applicant a subsidiary of another entity? Yes No

If yes, provide details: _____

4. Does applicant have any subsidiaries or related entities not listed above? Yes No

If yes, provide details: _____

5. Does work the applicant performs require licensing? Yes No

If yes, provide license numbers: _____

6. Is applicant a member of any demolition industry association? Yes No

If yes, provide name of association: _____

7. Annual payroll from demolition operations (excluding office and clerical): \$ _____

8. Annual sales received from rental of cranes or other contractors equipment to others:

a. With operators: \$ _____

b. Without operators: \$ _____

9. Indicate type of buildings/structures to be demolished with estimated percentage of total projects during the next twelve (12) months:

Demolition Operations For Buildings:	Indicate if operations performed during the past three years	Indicate estimated percentage of total projects expected for the next twelve (12) months	Demolition Operations For Other than Buildings:	Indicate if operations performed during the past three years	Indicate estimated percentage of total projects expected for the next twelve (12) months
Apartment Buildings		%	Amusement Rides		%
Barns		%	Bridges		%
Hospitals		%	Chimney, Smoke Stacks, Cooling Towers		%
Industrial Plants		%	Concrete/ Rock Breaking Work		%
Manufacturing Plants		%	Dams/ Levees		%
Office Buildings		%	Fences and/or Retaining Walls		%
One- to Four-Family Dwellings		%	Grain Elevators, Silos, Grain Bins		%
Parking Structures		%	Land Clearing/Tree Removal		%
Retail Stores		%	Parking Lots		%
Schools		%	Power Transmission or Microwave Towers		%
Small Storage Sheds/ Outbuildings		%	Railroad and/or Elevated Tracks		%
Sport Stadiums		%	Streets or Roads		%
Warehouses		%	Tanks—Above Ground		%
Other: (Describe)		%	Tanks—Below Ground		%
		%	Other: (Describe)		%
		%			%

10. Provide breakdown of demolition projects with estimated percentage of total projects expected during the next twelve (12) months:

Demolition Operations	Percentage
Scope of Demolition Operations:	
Entire Building	%
Partial Building	%
Interior Strip-out (Structural)	%
Interior Strip-out (Non-Structural)	%
Debris Removal only	%
Machinery or Equipment removal	%
Other: (Describe)	%
	%
	%
	%

Demolition Operations	Percentage
Height of Buildings/Structures:	
1 to 3 stories (up to 50 feet)	%
Over 3 stories (over 50 feet)	%
Occupancy of Buildings/Structures:	
Unoccupied	%
Partially Occupied	%
Location of Demolition Projects	
Urban	%
Suburban	%
Rural	%
Off-Shore	%

11. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

12. Has applicant ever been fined, or cited for performing unsafe work? Yes No
 If yes, explain: _____

13. Describe applicant's two largest jobs within the past three years, including size of building/structure (number of stories), method of demolition and job cost: _____

14. Exposure to other buildings/structures and estimated percentage of total projects during the next twelve (12) months:

- a. Free standing buildings/structures (no abutting walls or shared common/party walls or foundations): _____%
- b. Buildings/structures with abutting walls or shared common/party walls or foundations: _____%
- c. Are shared walls or foundations shored up, as needed, before demolition begins? Yes No
- d. Are the conditions of nearby structures documented before demolition begins? Yes No
- e. Are procedures in place to verify address of demolition site prior to commencing work? Yes No

15. Does applicant have a formal loss control or safety program? Yes No
 Does applicant have a risk manager and/or safety director who is responsible for safety activities? Yes No

16. Indicate by method of demolition the estimated percentage of work to be performed during the next twelve (12) months:

Method of Demolition	Percentage
Manual work by hand or handheld tools excluding jackhammers	%
Handheld jackhammers	%
Mechanical equipment (excluding cranes) such as, extended excavators, bull dozers, etc.	%
Cranes or other equipment with wrecking ball or similar apparatus	%
Cranes without wrecking ball (used for lifting of debris or equipment only)	%
Explosives/blasting	%
Robotic hydro-demolition	%
High pressure water-jet lance	%
Non-explosive demolition agents, such as, expansive grout	%
Road milling machines	%
Other (Describe):	%

17. Debris disposal and/or salvage operations:

- a. Will applicant retain salvage? Yes No
- b. Does applicant own or operate a salvage yard and/or act as a secondhand building materials dealer? Yes No
- c. Does applicant own or operate a landfill or dump site? Yes No
- d. Does applicant own or operate a recycling facility? Yes No
- e. Does applicant own or operate a concrete/asphalt crushing facility? Yes No
- f. Annual sales of salvaged materials: \$ _____

18. Utilities:

- a. Are utility companies consulted prior to demolition to determine location of any underground utilities? Yes No
- b. Does applicant obtain confirmation that all utilities have been turned off? Yes No
- c. Are utility lines, cables, piping protected from damage prior to beginning demolition? Yes No

19. Are job sites secured:

- a. Temporary perimeter fencing? Yes No
- b. Area barricaded? Yes No
- c. "No Trespassing" or other restrictive area warning signs? Yes No
- d. Lighted during evening hours? Yes No
- e. Patrolled by Security Guards? Yes No

20. Prior to demolition is building/structure checked for asbestos, lead, mold, PCB's or other hazardous materials? Yes No

- a. If present, is applicant's employees responsible for removal? Yes No
- b. If applicant's employees are not responsible for removal, who is responsible and how does applicant confirm that these materials have been removed prior to starting demolition? _____

21. Any pollution exposures? Yes No
 If yes, advise: _____

22. Does applicant use subcontractors? Yes No

If yes:

a. Subcontracted work cost:..... \$ _____

b. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? Yes No

c. Are certificates of insurance obtained from all subcontractors? Yes No

If yes, indicate minimum limit of liability required: \$ _____

d. Does applicant require all subcontractors to include the applicant as an additional interest on all subcontractors' policies? Yes No

e. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No

If no, explain when not required: _____

23. Does applicant own, rent, or operate cranes? Yes No

If yes:

a. Number of jobs in which cranes were used in the past year: _____

b. Number of cranes owned: _____

c. Number of crane operators which are applicant's employees: _____

d. Are employed operators certified for crane operations being performed? Yes No

e. Number of cranes rented annually from others: _____

(1) With operators? Yes No

(2) Without operators? Yes No

(3) If with operators, does applicant confirm operators are crane certified?..... Yes No

f. Any boom lengths in excess of one hundred forty (140) feet? Yes No

If yes, provide maximum boom length: _____ ft.

g. Does applicant rent or provide cranes to others? Yes No

If yes, provide details concerning with or without operators and for what type of operations: _____

24. Any employees working under:

United States Longshoremen's and Harborworkers' Act?..... Yes No

Jones Maritime Act? Yes No

If yes, what percent?..... _____% Provide city and state: _____

25. Does applicant have Workers' Compensation coverage in force? Yes No

26. Additional Insured Information:

Name	Address	Interest

27. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____



28. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (not applicable in Missouri) Yes No
 If yes, explain: _____

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

30. Prior Carrier Information:

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

31. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. <input type="checkbox"/> Check if no losses last five years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the company 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.

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition,

tion, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK OTHER THAN AUTOMOBILE 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 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

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

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

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.

Agent Email: _____ Preferred Method of Correspondence Email Fax Mail

Applicant Email: _____ Preferred Method of Correspondence Email Fax Mail