



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

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.

APPLICANT NAME AND TITLE: _____
(PRINT)

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

PRODUCER'S SIGNATURE: _____ DATE: _____



**WRECKING OF BUILDINGS
SUPPLEMENTAL APPLICATION**

Applicant's Name: _____ Agents 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

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Applicant Signature: _____ **Date:** _____

Producer Signature: _____ **Date:** _____