

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
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 Scottsdale, Arizona 85258

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 www.scottsdaleins.com

**Demolition Contractors (Per Job Basis)
 General Liability Application**

Applicant's Name _____
 Mailing Address _____

 Location _____

 Web Site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-Mail _____
 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) _____

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

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	\$	\$

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

2. **Average number of employees:** _____

3. **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: _____

4. **Provide details of licensing or certification needed for this operation:** _____

5. **Is there a written contract for this job?** Yes No
 (If yes, furnish a copy)
6. **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
 If yes, minimum limit requirements: \$ _____
9. **Does applicant have a formal safety program?** Yes No
 If yes, 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.

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

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.