

SCOTTSDALE INSURANCE COMPANY

Home Office:
 One Nationwide Plaza • Columbus, Ohio 43215
 Administrative Office:
 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675 • Fax (480) 483-6752

Wrecking of Building (Per Job Basis) General Liability Application

Applicant's Name	_____
Mailing Address	_____ _____
Location	_____ _____

Agent Name	_____
Address	_____ _____

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	\$	\$

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. **Is applicant engaged in, owned by, associated with or involved in any other enterprise?** Yes No
 If yes, provide full details: _____
5. **Estimated receipts for coming year:** Demolition _____ Other _____
Estimated payroll for coming year: Demolition _____ Other _____
6. **Provide details of licensing or certification needed for this operation:** _____

7. **Do you have a standard contract that you use?** Yes No (If yes, furnish a copy)
 Is there a written contract for this job? Yes No

8. Describe your two (2) largest jobs, including size of building (number of stories), method of demolition and job cost: _____

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

a. What is the job cost? _____

b. How demolished? (by hand, wrecking ball, etc.) _____

c. Describe equipment to be used: _____

d. How is equipment transported to and from job site? _____

e. Number of cranes owned (include age, type, size and weight): _____

f. Are cranes leased to others? Yes No If yes, with operators? Yes No

g. Will you use explosives? Yes No Are there abutting walls? Yes No

h. Will the area be barricaded? Yes No If yes, how high? _____

i. What other safety precautions will be taken? _____

j. Do you check for asbestos, hazardous materials and/or PCBs before beginning demolition? Yes No

k. Do you obtain written confirmation that all utilities have been turned off? (gas, water and electric) Yes No

l. Will you retain the salvage? Yes No Estimated salvage value: \$ _____

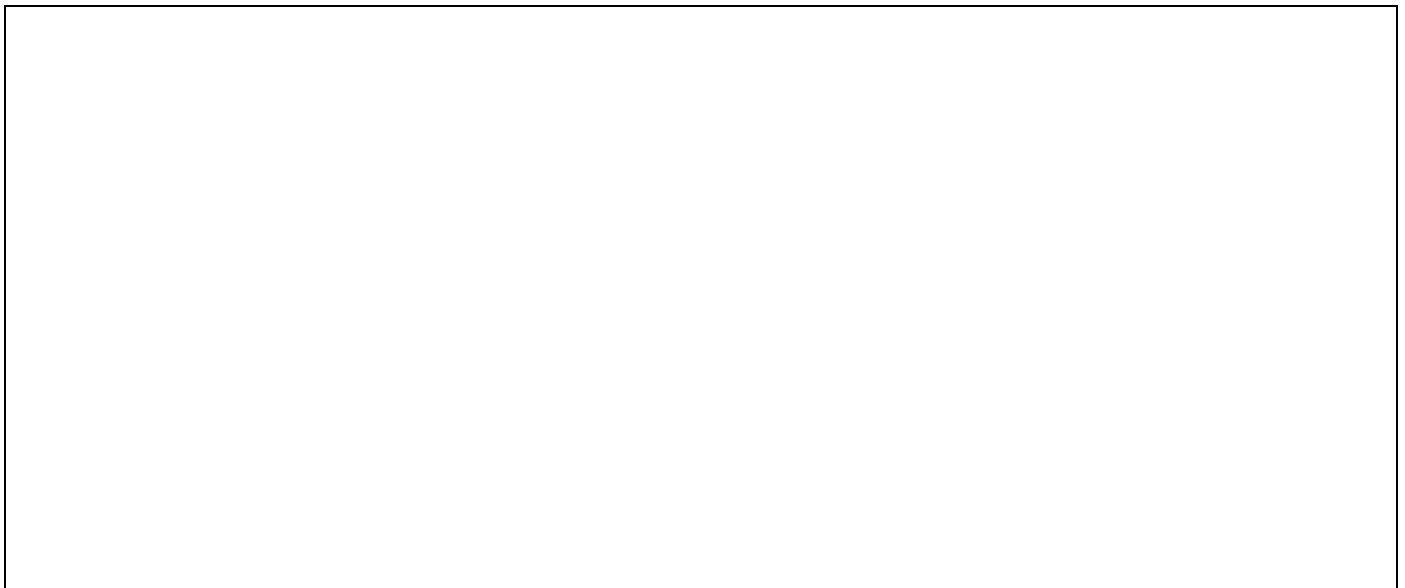
How is debris removed? _____

10. Do you obtain certificates of insurance from all subcontractors? Yes No

Minimum requirements: \$ _____

11. Do you have a formal safety program? Yes No Briefly describe: _____

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



13. Any underground storage tanks removal operations? Yes No

If yes, percent of total operations: _____%

14. 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: _____

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

16. Does applicant lease employees? Yes No

17. Dollar value of average job completed: \$ _____

18. During the past three years has any company ever cancelled, 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

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.)

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