



**CONNECTICUT UNDERWRITERS, INC.**  
 421 Wadsworth St., P.O. Box 2784  
 Middletown, CT 06457-9284  
 Inside CT 800-982-3881  
 Outside CT 800-243-3712  
 860-347-9600 • Fax 860-347-9611  
 Email info@ctunderwriters.com

**CONEXCO INSURANCE AGENCY**  
 114 Turnpike Road, Suite 109  
 Westborough, MA 01581  
 508-616-0016 • 800-888-7830  
 Fax 508-616-0066  
 Email info@conexcoins.com

**NEW HAMPSHIRE UNDERWRITERS INSURANCE AGENCY**  
 116 South River Rd., Bldg. D, Suite 6A  
 Bedford, NH 03110  
 603-622-2231 • 800-562-2254  
 Fax 603-622-2655  
 Email info@nhunderwriters.com

**CONNECTICUT UNDERWRITERS, INC.-PA**  
 600 W. Germantown Pike, Suite 400  
 Plymouth Meeting, PA 19462-1046  
 610-260-1499 • 800-736-7157  
 Fax 610-828-8257  
 Email info@ctunderwriters-pa.com

## 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:<br>(s) Gross Sales (p) Payroll<br>(a) Area (c) Total Cost<br>(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**