

DEMOLITION LIABILITY APPLICATION

- 1. ASSURED _____ DBA _____
- 2. ADDRESS _____
- 3. CITY/STATE/ZIP _____
- 4. YEARS IN BUSINESS _____ PHONE # _____
- 5. NATURE OF BUSINESS _____
- 6. # OF EMPLOYEES _____ ANNUAL PAYROLL _____ SALES _____
- 7. EFFECTIVE DATE NEEDED: _____
- 8. PREVIOUS CARRIER _____
- 9. CLAIMS IN PAST 5 YRS _____
- 10. LIMIT OF LIABILITY REQUIRED _____
- 11. BLANKET ANNUAL POLICY OR A PER JOB POLICY. (CIRCLE YOUR CHOICE)
- 12. DESCRIBE THE WORK DONE AND THE METHOD YOU USE TO DO THE WORK.

- _____.
- A. IS A SWINGING BALL USED? _____
- B. IS A CRANE USED ? _____
- C. IS A LOADER OR CAT USED ? _____
- D. IS ALL WORK DONE BY HAND ? _____

- 13. ARE SUBCONTRACTORS USED Y/N _____
- % OF WORK SUBBED _____
- COST OF SUBBS _____
- TYPE OF WORK DONE BY SUBBS _____

- 14. ANY ADDITIONAL INSURED: _____
- NAMES AND RELATIONSHIP TO INSURED: _____

- 15. WHAT IS DONE WITH THE REMAINS OF THE JOB AND WHAT IS DONE WITH THE SALVAGED ITEMS? _____
- _____.

I ACKNOWLEDGE AND WARRANT THAT THE INFORMATION GIVEN IN THIS APPLICATION EVEN IF NOT IN MY HANDWRITING, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SPECIAL NOTICE: AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY AND/OR A CONSUMER CREDIT REPORT MAY BE MADE WHICH WILL PROVIDE 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.

DATE _____ INSURED'S SIGNATURE _____
SOCIAL SECURITY NUMBER _____

THIS APPLICATION MUST BE FULLY COMPLETED, SIGNED AND DATED BY THE INSURED OR IT WILL NOT BE ACCEPTED.

AGENT.....