

Proposed First Named Insured & Other Named Insured(s):

Location Address                      Street                      City                      County                      State                      ZIP Code

**BUSINESS INFORMATION**

1. Number of years' experience:
2. Describe your three (3) largest jobs, including size of building (number of stories), method of demolition used, and job costs for the past 12 months.

Date	Job	Cost	Duration

3. Location and description of building to be demolished, including number of stories and type of construction:

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4. How will the building be demolished (by hand, wrecking ball, etc.)?

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- |                                                                                                           | Yes                      | No                       |
|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 5. Is there a written contract for this job?                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will explosives be used?                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there abutting walls?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe precautions taken to protect any common wall from damage:                                |                          |                          |
| 8. Will the area be barricaded?                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how high are barricades? _____ ft.                                                                |                          |                          |
| 9. Describe equipment to be used:                                                                         |                          |                          |
|                                                                                                           |                          |                          |
| 10. Describe other safety precautions taken:                                                              |                          |                          |
|                                                                                                           |                          |                          |
| 11. Do you check for asbestos and other PCB's and lead paint before beginning demolition?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do you remove same?                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you hire others to remove same?                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you obtain written confirmation that all utilities (gas, water and electric) have been turned off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Will you retain salvage?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Estimated salvage value: \$ _____                                                                         |                          |                          |
| 14. How is debris removed?                                                                                |                          |                          |

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**IMPORTANT NOTICE  
DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

Applicant Signature	Title	Date
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Producer Signature	Date
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Agent Name and Address
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