

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
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
 www.scottsdaleins.com

**DEMOLITION CONTRACTORS (PER JOB BASIS)
 GENERAL LIABILITY APPLICATION**

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

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" (N/A)

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

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

2. Average number of employees: _____

3. Is there a written contract for this job? (If yes, provide a copy.) Yes No
4. Has applicant ever been fined or cited for performing unsafe work? Yes No
If yes, provide full details: _____
5. Provide details of licensing or certification needed for this operation: _____
6. Describe applicant's two largest jobs, including size of building/structure (number of stories), method of demolition and job cost: _____

7. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

8. Give location and description of building/structure to be demolished, including number of stories and type of construction: _____
- a. Are demolition operations for the interior of the building only? Yes No
- b. What is the job cost? _____
- c. Estimated duration of the job? _____
- d. How demolished? (by hand, wrecking ball, etc.) _____
- e. Describe equipment to be used: _____
- f. How is equipment to be transported to and from job site? _____
- g. Number of cranes owned: _____ Advise age, type, size and weight: _____
Are cranes rented from others? Yes No
If yes:
Advise age, type, size and weight: _____
With operators? Yes No
Without operators? Yes No
- h. Will applicant use explosives? Yes No
- i. Are the conditions of nearby structures documented before demolition begins? Yes No
- j. Are there abutting walls or shared common/party walls or foundations? Yes No
If yes, are they shored up, as needed, before demolition begins? Yes No
- k. Will the area be barricaded or fenced? Yes No
If yes, how high? _____
What other safety procedures will be taken? _____
- l. How many stories tall is the building/structure? _____ How many feet tall? _____
- m. Does applicant demolish unoccupied portions of occupied buildings? Yes No

- n. Are there structures to demolish other than buildings? Yes No
If yes, explain and indicate height (in feet) of structures: _____
- o. Any underground storage tanks to remove? Yes No
- p. Has applicant checked for asbestos, lead, mold, PCB's or other hazardous materials? Yes No
Are any of these present? Yes No
If yes, is applicant responsible for removal?..... Yes No
If no, advise who is responsible: _____
- q. Any pollution exposures? Yes No
If yes, advise: _____
- r. Does applicant have procedures in place to verify address of demolition site prior to commencing work? Yes No
If yes, describe: _____
- s. Are utility companies consulted prior to demolition to determine location of any underground utilities?..... Yes No
- t. Will applicant obtain confirmation that all utilities have been turned off? Yes No
- u. Will applicant retain the salvage? Yes No
Estimated salvage value: \$ _____
How will debris be removed? _____

- 9. **Does applicant use subcontractors?** Yes No
If yes:
 - a. Subcontracted work cost \$ _____
 - b. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? Yes No
 - c. Are certificates of insurance obtained from all subcontractors? Yes No
If yes, indicate minimum limit of liability required: \$ _____
 - d. Does applicant require all subcontractors to include the applicant as an additional interest on all subcontractors' policies? Yes No
 - e. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No
If no, explain when not required: _____

- 10. **Does applicant have a formal safety program?** Yes No
If yes, briefly describe: _____

11. **Please diagram building/structure to be demolished and surrounding exposures** (indicate distance to surrounding exposures).

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12. Does applicant own or operate any landfills or dumps sites? Yes No

13. Any employees working under:

United States Longshoremen's and Harborworkers' Act? Yes No

Jones Maritime Act? Yes No

If yes, what percent? % Provide city and state: _____

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

15. Additional Insured Information:

Name	Address	Interest

16. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

17. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (not applicable in Missouri) Yes No

If yes, explain: _____

18. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

19. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Coverage					
Total Premium					

20. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give

rise to claims for the prior five years.				<input type="checkbox"/> Check if no losses last five years.
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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. **(Not applicable to Oregon)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

— 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.