

WRECKING/DEMOLITION CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL
ACCIDENT/MADISON INSURANCE COMPANY

APPLICANT INFORMATION SECTION
1. Applicant's Legal Name: _____ _____
2. Applicant is a: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other: _____
3. Mailing Address: _____
4. Business Address: _____
5. Contact Name and Phone Number: _____
6. Website Address: _____

AGENCY INFORMATION
1. Agency Name: _____
2. Agency Address: _____
3. Producer's Name and Phone Number: _____

NEW VENTURE SUPPLEMENTAL
1. Years under current name: _____ If less than 3 years please complete the following:
2. Date business established: _____
3. Years of related experience: _____
4. List all business names that applicant has owned in the past: _____ _____
5. Brief summary of building wrecking experience: _____ _____

APPLICANT'S OPERATIONS

1. Description of applicant's operations (details on how wrecking is performed):

2. Contractor's license number (if applicable): _____

3. Number of Owners: _____

Number of Employees: _____

4. Direct payroll excluding owners payroll: \$ _____

5. What % of your work is subcontracted: _____ %

6. Insured subcontractor costs: Labor:\$ _____ Materials: \$ _____

7. Uninsured subcontractor costs: \$ _____

What type of work do they do for the applicant: _____

8. Gross receipts last year: \$ _____

9. Gross receipts estimated for the next 12 months: \$ _____

10. Do you remove or perform any abatement work involving asbestos, fungus, mold or lead? If "Yes" is the work subcontracted to insured subs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you demolish any buildings over two (2) stories in height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you ever use or subcontract the use of explosives or ball & chain to demolish structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Will you or have you ever demolished a building with abutting walls not part of the demolition job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you check for asbestos and/or PCB's before beginning demolition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you obtain written confirmation that all utilities have been turned off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Do you sell any used building materials or salvage anything from the demolished structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Do you or any officer, owner or partner have a prior felony conviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Do your operations include any snow plowing or snow/ice removal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Do you perform work for or at any petroleum, chemical or other industrial facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LOSS HISTORY	
1. Has this business had any general liability claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, please provide dates, details and amount paid or reserved for each: <ul style="list-style-type: none"> a. b. c. d. 	

Please explain any "Yes" answers above or enter any comments you have about this risk:

List any additional insureds required:

- a.
- b.
- c.

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Applicant's Signature _____ Date _____ Title _____

Producer's Signature _____ Date _____