

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
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Scottsdale Indemnity Company
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 Scottsdale, Arizona 85258

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**Demolition Contractors (Per Job Basis)
 General Liability Application**

Applicant's Name _____

 Mailing Address _____

 Location _____

 Web site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-mail _____
 Phone _____

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"

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. 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. Provide details of licensing or certification needed for this operation: _____

5. Is there a written contract for this job? Yes No
(If yes, furnish a copy)
6. Describe applicant's two largest jobs, including size of building (number of stories), method of demolition and job cost: _____

7. Give location and description of building to be demolished, including number of stories and type of construction: _____
- a. What is the job cost? _____
 - b. Estimated duration of the job? _____
 - c. How demolished? (by hand, wrecking ball, etc.) _____
 - d. Describe equipment to be used: _____
 - e. How is equipment to be transported to and from job site? _____
 - f. Number of cranes owned (include age, type, size and weight): _____
 - g. Will applicant use explosives? Yes No
Are there common or party walls? Yes No
 - h. Will the area be barricaded? Yes No
If yes, how high? _____
 - i. What other safety procedures will be taken? _____

 - j. How many stories tall is the building? _____ How many feet tall? _____
 - k. Does applicant demolish unoccupied portions of occupied buildings? Yes No
 - l. Are there structures to demolish other than buildings? Yes No
If yes, explain: _____

 - m. Any underground storage tanks to remove? Yes No
 - n. Has applicant checked for asbestos, lead, hazardous materials, mold and/or PCBs? Yes No
Are any of these present? Yes No
If yes, is applicant responsible for removal? Yes No
If no, advise who is responsible: _____
 - o. Does applicant have procedures in place to verify address of demolition site prior to commencing work? Yes No
If yes, describe: _____
 - p. Will applicant obtain written confirmation that all utilities have been turned off? (gas, water and electric) Yes No
 - q. Will applicant retain the salvage? Yes No
Estimated salvage value: \$ _____
How will debris be removed? _____

8. Does applicant obtain certificates of insurance from all subcontractors? Yes No
If yes, minimum limit requirements: \$ _____

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

10. 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: _____

11. Does applicant have other business ventures for which coverage is not requested?..... Yes No
If yes, explain and advise where insured: _____

12. Please diagram building to be demolished and surrounding exposures (indicate distance to surrounding exposures).

13. 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: _____

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

15. During the past three years, has any company ever canceled, nonrenewed, declined or refused to issue similar insurance to the applicant (not applicable in Missouri)?..... Yes No
If yes, explain: _____

16. Schedule Of Hazards:

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

17. Prior Carrier Information:

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

18. Loss History—Five Year Period:

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 in Nebraska, Oregon and Vermont.**

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 in 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 OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

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 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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.

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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

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.