

Member Companies of Western World Insurance Group

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application  
For  
**Demolition Contractors**

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant's Web Site Address \_\_\_\_\_

2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_

3. Date Established: \_\_\_\_\_

4. Provide the following information. If no prior insurance, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

5. Is applicant engaged in, owned by, associated with or involved in any other enterprise?  Yes  No  
 If yes, provide details. \_\_\_\_\_

6. Provide details of licensing or certification needed for this operation: \_\_\_\_\_

7. Provide the number of the following personnel. (Other and Explain)

_____ Partners, Owners, Officers	_____	_____
_____ Full-time employees	_____	_____
_____ Part-time employees	_____	_____
_____ Independent contractors	_____	_____

8. During the past three years, have any claims been presented to your current or prior insurance carrier?  Yes  No  
 If yes, provide full details.  
 Include description of claim, amounts paid and reserves. (Attach page if more space needed) \_\_\_\_\_

9. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim?  Yes  No  
 If yes, provide details. \_\_\_\_\_

10. Has applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years?  Yes  No  
 If yes, provide full details. \_\_\_\_\_

11. Has the 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. \_\_\_\_\_

12. How many years of experience have you had in the demolition business? \_\_\_\_\_ Yrs.
13. Do you have a standard contract that you use? If yes, furnish a copy.  Yes  No
14. Describe your (2) two largest jobs, including size of building, (number of stories), method of demolition used and job cost: \_\_\_\_\_  
\_\_\_\_\_
15. Give location and description of building to be demolished, include number of stories and type of construction: \_\_\_\_\_  
\_\_\_\_\_
16. Is there a written contract for this job?  Yes  No
17. How demolished? (By hand, wrecking ball, etc.) \_\_\_\_\_
18. Will you use explosives?  Yes  No
19. Are there abutting walls?  Yes  No
20. Describe equipment to be used? \_\_\_\_\_
21. Will area be barricaded?  Yes  No If yes, how high? \_\_\_\_\_ ft.
22. What other safety precautions will be taken? \_\_\_\_\_  
\_\_\_\_\_
23. Do you check for asbestos and or PCB's before beginning demolition?  Yes  No  
Do you remove same?  Yes  No Do you hire others to remove same?  Yes  No
24. Do you obtain written confirmation that all utilities (gas, water and electric) have been turned off?  Yes  No
25. What is the job cost? \_\_\_\_\_
26. Will you retain salvage?  Yes  No Est. salvage value \$ \_\_\_\_\_
27. How is debris removed? \_\_\_\_\_
28. What are the number of employees and/or sub-contractors that will be used on this job?  
Employees \_\_\_\_\_ Sub-contractors \_\_\_\_\_
29. Do you obtain certificates of insurance from all sub-contractors?  Yes  No
30. Please diagram the building to be demolished and surrounding exposures. (Indicate distance to surrounding exposures.)
31. LIMITS OF INSURANCE REQUESTED:
- |  |          |                                |
|--|----------|--------------------------------|
| General Aggregate Limit (Other than Products-Completed Operations) | \$ _____ |                                |
| Products - Completed Operations Aggregate Limit                    | \$ _____ | any one person or organization |
| Personal and Advertising Injury Limit                              | \$ _____ |                                |
| Each Occurrence Limit  | \$ _____ |                                |
| Damage to Premises Rented to You (up to \$50,000 limit available)  | \$ _____ | any one premise                |
| Medical Expense Limit (up to \$5,000 limit available)              | \$ _____ | any one person                 |
| Each Professional Incident Limit (if applicable)                   | \$ _____ |                                |

Effective Dates Desired: From \_\_\_\_\_ To \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_