



CONNECTICUT UNDERWRITERS, INC.
 421 Wadsworth St., P.O. Box 2784
 Middletown, CT 06457-9284
 Inside CT 800-982-3881
 Outside CT 800-243-3712
 860-347-9600 • Fax 860-347-9611
 Email info@ctunderwriters.com

CONEXCO INSURANCE AGENCY
 114 Turnpike Road, Suite 109
 Westborough, MA 01581
 508-616-0016 • 800-888-7830
 Fax 508-616-0066
 Email info@conexcoins.com

NEW HAMPSHIRE UNDERWRITERS INSURANCE AGENCY
 116 South River Rd., Bldg. D, Suite 6A
 Bedford, NH 03110
 603-622-2231 • 800-562-2254
 Fax 603-622-2655
 Email info@nhunderwriters.com

CONNECTICUT UNDERWRITERS, INC.-PA
 600 W. Germantown Pike, Suite 400
 Plymouth Meeting, PA 19462-1046
 610-260-1499 • 800-736-7157
 Fax 610-828-8257
 Email info@ctunderwriters-pa.com

Application for Demolition Contractors

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____

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	\$ _____
Personal and Advertising Injury Limit	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit (up to \$50,000 limit available)	\$ _____ any one (1) fire
Medical Expense Limit (up to \$5,000 limit available)	\$ _____ any one (1) person
Each Professional Incident Limit (if applicable)	\$ _____

Applicant's Signature: _____ Title: _____ Date: _____