

TENNESSEE UNDERWRITERS INC.  
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**WRECKING OF BUILDINGS OR STRUCTURES APPLICATION**

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

Check here if application is for a specific project only. **Attach** separate sheet, if necessary.

Note: The following forms must be attached to the policy.

Exclusion Unscheduled Demolition Projects, S105; Demolition Contractor – Schedule Demolition Project, S126

LOCATION #	DESCRIPTION OF JOB	METHOD OF DEMOLITION	APPROXIMATE DATES

**UNDERWRITING INFORMATION**

1. Years in Business? \_\_\_\_\_

Years of Experience in this field? \_\_\_\_\_

2. What is the annual payroll and sales including salvage?

**Wrecking** – buildings or structures, 99986 (s+), Premium Basis: 'Per \$1,000 of Gross Sales'

**Wrecking** – dismantling of prefabricated dwellings not exceeding three stories for re-erection, 99987 (s+), 'Per \$1,000 of Gross Sales'

**Salvage Operations** – removing, sorting, reconditioning and distributing of merchandise in damaged buildings and incidental operations away from such buildings, 98699 (p), 'Per \$1,000 of Payroll'

**Other:**

**Total**

ANNUAL PAYROLL	GROSS ANNUAL SALES

**UNDERWRITING INFORMATION (Continued)**

- 3. Describe the (2) largest jobs performed within the last 3 years. Include size of building, number of stories, method of demolition and job cost. \_\_\_\_\_  
\_\_\_\_\_
- 4. What is the maximum height of structures that will be demolished? \_\_\_\_\_
- 5. Describe the method of demolition (i.e. hand crane dozer, etc) \_\_\_\_\_  
\_\_\_\_\_
- 6. Does the applicant conduct his own blasting operations, or subcontract these services to others? .....  Yes  No  
If yes, provide license number and description. \_\_\_\_\_
- 7. Are subcontractors used to perform any portion of the work? .....  Yes  No  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
- Does application use a subcontract agreement for all subcontracted operations? If yes, **attach** a copy. ....  Yes  No  
Are certificates of insurance required? .....  Yes  No  
Are Additional Insured agreements required? .....  Yes  No
- 8. Describe the public protection and loss control measures employed by the applicant to prevent losses. \_\_\_\_\_  
\_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

- 9. Has the applicant ever been cited or fined for unsafe practices? .....  Yes  No  
If yes, Explain. \_\_\_\_\_
- 10. Are shared walls inspected beforehand and properly shored or braced to withstand the necessary demolition operations and/or backfill? .....  Yes  No
- 11. Whenever possible, does the insured secure job sites and temporary perimeter fencing? .....  Yes  No
- 12. Are pre-demolition inspections of surrounding structures performed and documented in writing as well as with photographs or videotape? .....  Yes  No  
Who performs these inspections? \_\_\_\_\_  
Document condition of neighboring properties. \_\_\_\_\_  
Does applicant obtain written confirmation that all utilities have been turned off? (gas, water and electric)  Yes  No  
**Attach** a copy of the checklist.  
Does the applicant hire a qualified abatement contractor to remove hazardous material?  Yes  No
- 13. Does the applicant use a "Ball and Chain" demolition? .....  Yes  No  
Is a crane used? .....  Yes  No  
What is the size of the crane?                      Tons    Maximum Boom length  
Is a spotter or signal person used to guide the crane? .....  Yes  No
- 14. Describe any other operations not previously listed. \_\_\_\_\_

**GENERAL INFORMATION**

**EXPLAIN ALL "YES" RESPONSES**

- 1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? .....  Yes  No
- 2. Is a formal safety program in operation? .....  Yes  No
- 3. Any operations sold, acquired, or discontinued in the last 5 years? .....  Yes  No
- 4. Any current or past operations in AZ, CA, CO, NV, NY, OR, UT or WA? .....  Yes  No
- 5. Do you lease employees to or from other employers? .....  Yes  No

**GENERAL INFORMATION (Continued)**

6. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material; e.g., landfills, wastes, fuel tanks, etc.? .....  Yes  No
7. Machinery or equipment loaned or rented to others? .....  Yes  No
8. Any exposure to flammables, explosives or chemicals? .....  Yes  No

Explain: \_\_\_\_\_

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

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 PREMISES) \$ \_\_\_\_\_

MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  No

If yes, Explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**PRIOR CARRIER HISTORY & LOSS INFORMATION (CONTINUED)**

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_  
 Producer's Signature                      Date                      Applicant's Signature                      Date

**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.

**FRAUD STATEMENT**

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.