



**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  
 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: \_\_\_\_\_