



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
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 Toll Free: 1-800-862-6038
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Wrecking of Buildings or Structures Application

All questions must be answered in full. Application must be signed and dated by the applicant.

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

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.