

**OWNERS & CONTRACTORS PROTECTIVE APPLICATION
(EXCLUDING ALL HABITATIONAL CONSTRUCTION & NEW YORK)**

1. Insured/Project Owner: _____
Address of Insured: _____

No.	Street	City	State	Zip

2. Contractor: _____
Address: _____

No.	Street	City	State	Zip

Contractors Coverage (GL & Umbrella) - **Copy of Cert Required at Time of Binding**

Carrier (Primary)	Limits	Policy Date

Carrier (Umbrella)	Limits	Policy Date

Number of years in Business: _____

Contractor Specializes in: _____ construction

Contractor's Gross Receipts: _____

Contractor's Total Payroll: _____

3. Five Year Incurred General Liability Loss Ratio for the **contractor** (A quote will not be given without this information) _____

4. Description of all General Liability losses for the **contractor** over \$25,000 in the past 5 years:

5. OCP Limits Required: \$1MM/\$1MM Other: _____

6. Location of the Project:
Address: _____

No.	Street	City	State	Zip

7. Description of the Job, including job number, construction, end use, etc. (NOTE, decline if over 12 stories):

8. Description of Safeguards surrounding the project: _____

9. Is the project:
- a. Fenced No Yes
 - b. Lighted No Yes
 - c. Guarded 24 hours No Yes

10. Surrounding Structures:
Right Side: _____ Left Side: _____
Front: _____ Back: _____

11. Anticipated start date: _____

12. Anticipated finish date: _____

13. Full Contract Cost \$ _____

14. Will the contractor stated in question 2 be doing all of the work? No Yes
If "No," what percentage of work will be done by contractor _____ %?
Description of work performed by subcontractors, and cost: _____

15. Are certificates of insurance obtained prior to subcontractors starting work? No Yes
Minimum limits required of \$1,000,000? No Yes
Is the contractor named additional insured on the subcontractor's policy? No Yes

MANDATORY: Copy of written contract with subs naming contractor as additional insured on the subcontractor's policy and adequate hold harmless/indemnification required.

16. Will there be any blasting: No Yes
If "Yes," we will decline.

17. Will utility lines need to be moved or disturbed in any way: No Yes
If "Yes," please explain: _____

_____ If "Yes" to above, is Miss Utility/Other Utility Locator Service contacted? No Yes

18. Any USL&H Exposure? No Yes

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

SIGNATURES:
PRODUCER _____

DATE _____

CONTRACTOR _____

DATE _____