



Application For Owners and Contractors Protective Liability

-
1. Name of Applicant: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Applicant's Web Site Address: _____
Applicant's Contact Name: _____ Applicant's Contact Phone No.: _____
Applicant's Contact Email Address: _____
2. Name of designated contractor: _____
3. Name of contractor's carrier and liability limits: _____
Are you named as an Additional Insured? Yes No
4. Years in business or equivalent experience of contractor: _____
5. Have you owned another business under a different name or entity? Yes No
If yes, provide details: _____
6. Description of work to be performed: _____

7. Address of project: _____

8. Describe prior and future use of property: _____
9. Number of stories, if applicable: _____
10. Is building 100% vacant during course of the project? Yes No
If no, please provide details of how building is secured: _____

11. Describe surrounding property exposures: _____
12. Any railroad side track exposures? Yes No
13. Any above or below ground tanks, drums or barrels? Yes No
14. Duration of operations: _____
Starting Date: _____
Completion Date: _____
Completed Contract Price/Estimated Cost of Job: _____
15. Premium Audit Contact Name: _____ Telephone: _____
16. Is work being performed at/on or near a landfill site? Yes No
17. Is work being done on the site listed on any federal or state hazardous materials clean up list
(Federal Superfund site or a Brownfield site)? Yes No
18. Does work include the use of synthetic stucco? Yes No
19. Does work include demolition? Yes No
If yes, please provide details: _____

20. Any asbestos or lead abatement performed? Yes No
 If yes, has work been completed prior to proposed effective date? Yes No
21. Do you carry general liability coverage for the premises exposure? Yes No
22. Do you have any supervisory duties? Yes No
 If yes, provide details: _____
-
23. Has contractor ever been named in a construction defect suit? Yes No
 If yes, please provide details: _____
-
24. Are there any hold harmless agreements? Yes No
 a. Between contractors and subcontractors? Yes No
 b. Between contractor and owner? Yes No
25. Prior Carrier Information: _____
-
26. Loss History: _____
-

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____