

### OWNERS and CONTRACTORS PROTECTIVE LIABILITY APPLICATION

**Contract/Project No:** \_\_\_\_\_

1. **Name of Insured/Owner:** \_\_\_\_\_  
**Mailing address:** \_\_\_\_\_  
**Entity:**  Individual  Corporation  Partnership  Other: \_\_\_\_\_

2. **Name of Designated Contractor:** \_\_\_\_\_  
 General Contractor  Construction Manager  Other: \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Number of years in the construction contracting business:** \_\_\_\_\_

3. **Description of Covered Project:** \_\_\_\_\_  
**Number of stories if applicable:** \_\_\_\_\_ **Attach diagram of project.**

4. **Location:** \_\_\_\_\_

5. **Limits of Coverage:**  
**Occurrence Limit:** \$ \_\_\_\_\_  
**Aggregate Limit:** \$ \_\_\_\_\_

6. **Completed Contract Price:** \_\_\_\_\_

7. **Terms of Contract (outlined in job specifications):**  
a. **Proposed starting date:** \_\_\_\_\_  
b. **Job term:** \_\_\_\_\_ shown as  calendar days or  working days  
c. **Completion Date:** \_\_\_\_\_ (None, if not in Job Specifications)  
d. **Penalties for failure to complete job on time:** \_\_\_\_\_

8. **Surrounding property damage exposure:** \_\_\_\_\_

9. **Potential third party bodily injury exposure:** \_\_\_\_\_

10. **Job site safety precautions:** \_\_\_\_\_

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11. Check if applicable and explain:

Watercraft/aircraft exposure: \_\_\_\_\_

Storing of inflammable gases, liquids and explosives: \_\_\_\_\_

Hazardous waste removal or installation: \_\_\_\_\_

Drilling: \_\_\_\_\_

Blasting: \_\_\_\_\_

Scaffolding: \_\_\_\_\_

Crane work: \_\_\_\_\_

12. General Liability Program:

Contractor's Insurance	Primary	Excess/Umbrella
Limits:	_____	_____
Term:	_____	_____
Carrier:	_____	_____

*If coverage is written, certificate of insurance required*

\*General Liability/Umbrella limits required to be carried by subcontractors is: \$ \_\_\_\_\_ total.

13. Type of subcontractors and percent subcontracted:

a.	_____	%	
b.	_____	%	
c.	_____	%	
d.	_____	%	
e.	_____	%	
		%	<b>Total Subcontracted</b>

14. Details of any hold harmless agreements:

a. Between Contractor and Subcontractors:

\_\_\_\_\_

b. Between Contractor and Insured:

\_\_\_\_\_

15. Is a bond required on this project:  Yes  No

If so, name of bonding company: \_\_\_\_\_

16. Prior to binding coverage, the following must be submitted to underwriter:

a. Copy of hold harmless agreement between owner and general contractor

b. Certificate of Insurance on general contractor's GL and Umbrella coverage

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_