



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

1. Insured/Project Owner: \_\_\_\_\_  
Address of Insured: \_\_\_\_\_

No.	Street	City	State	Zip
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2. Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_

No.	Street	City	State	Zip
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Contractors Coverage (GL & Umbrella) - **Copy of Cert Required at Time of Binding**

Carrier (Primary)	Limits	Policy Date
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Carrier (Umbrella)	Limits	Policy Date
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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
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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 \_\_\_\_\_