



OWNERS AND CONTRACTORS PROTECTIVE LIABILITY SUPPLEMENTAL APPLICATION

Note: This application must be completed in addition to the ACORD 125 - Applicant Information Section

OWNER INFORMATION

Name: _____

Today's Date: _____

GENERAL CONTRACTOR INFORMATION

1. Name: _____

License Number: _____

2. Address: _____

Website: _____

3. Years in Business: _____

4. Contractor's Insurance Carrier: _____

Limits of Insurance:

Each Occurrence: _____ General Aggregate: _____

Are the above limits subject to a Per Project Aggregate? YES NO

5. Has the General Contractor had any losses exceeding \$25,000 in the past 5 years? YES NO

If YES, please provide a brief description of the losses. _____

6. Prior to allowing subcontractors to enter the jobsite, does the General Contractor obtain a certificate of insurance from the subcontractors showing that they provide Workers Comp to their employees? YES NO

7. Are subcontractors required to name the General Contractor and Owner as an additional insured & provide endorsement of same? YES NO

Limits Required: _____

8. Does the General Contractor maintain records of certificates of insurance and contractual agreements with all subcontractors? YES NO

If YES, how long are they kept? _____ years.

9. Will the Owner be added as an AI on the General Contractor's policy? YES NO

10. Will the General Contractor Indemnify and Hold Harmless the owner? YES NO

11. Will any of the work be under the U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? YES NO

PROJECT INFORMATION

12. Location of Project: _____

13. Brief description of the project including the number of buildings, stories, units, and square footage of the building(s).

14. Estimated Length of Project: _____ to _____

15. Total Cost of the Construction Project: \$ _____

16. Is the entire construction site fenced in? YES NO

17. Describe any additional safety and/or security measures for the site: _____

18. Are there any water exposures on or adjacent to the project site (lakes, ponds, etc)? YES NO

19. Do you or will you have a formal safety program in place? YES NO

WORK PERFORMED

20. Will there be any Blasting? YES NO If YES, What Percentage? _____

21. Will there be any Hydraulic Cranes? YES NO If YES, What is the length? _____ feet

22. Have you been involved or will you or your subcontractors be involved in the removal of or work on fuel or chemical storage tanks or pipelines? YES NO

23. Will any work be done on dams/levees? YES NO

If YES please explain: _____

Notice: This application may become part of the policy and must be signed in ink by the President or Owner of the Named Insured business. Please read the following statement carefully before signing. Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this application.

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Signature of Applicant:
Title (Officer/ {Partner): _____
Date: _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.