**OWNERS/CONTRACTORS PROTECTIVE LIABILITY APPLICATION**

|  |  |
| --- | --- |
| Name of Applicant/Owner:      Mailing Address:             Website Address:        | Agency Name:      Agent:      Address:            E-mail:      Phone:       |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant/Owner is:** [ ]  Individual [ ]  Partnership [ ]  Joint Venture [ ]  Limited Liability Company

[ ]  Organization including a Corporation (other than Partnership, Joint Venture or Limited Liability Company)

**Limits Of Liability Requested:**

Each Occurrence: $

Aggregate: $

**1. Name of Designated Contractor:**

Check all that applies: [ ]  General Contractor [ ]  General Manager [ ]  Managing Agent

[ ]  Other (explain):

Mailing Address:

**2. Is designated contractor licensed and bonded?** [ ]  Yes [ ]  No

If no, does state require contractor to be licensed and bonded? [ ]  Yes [ ]  No

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| --- |
| **3. Description of Covered Project:**       |

Contract/Project No.:

|  |
| --- |
| Location:       |

**4. Completed Contract Price:** $

**5. Terms of Contract:** (Outlined in Job Specifications)

Proposed Starting Date:       Anticipated Completion Date:

Job Term in Calendar Days:       Working Days:

|  |
| --- |
| Penalties for failure to complete job on time:       |

**6. Asbestos removal?** [ ]  Yes [ ]  No

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| --- |
| If yes, explain:       |

**7. Blasting?** [ ]  Yes [ ]  No

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| If yes, explain: (Complete Blasting Contractors Supplemental Application, GLS-APP-67s)       |

**8. Condominium or townhouse construction or conversion?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**9. Construction or repair of/at oil or gas fields, pipelines, refineries, power lines, bridges, tunnels or elevated streets, roads, highways or railroads?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**10. Crane work over five stories?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**11. Dams or reservoirs?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**12. Drilling?** [ ]  Yes [ ]  No

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| --- |
| If yes, explain:       |

**13. Hazardous waste removal or installation?** [ ]  Yes [ ]  No

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| --- |
| If yes, explain:       |

**14. Work at or on former landfills or dump sites?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**15. Lead, PCB or mold abatement?** [ ]  Yes [ ]  No

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| --- |
| If yes, explain:       |

**16. Nuclear plants?** [ ]  Yes [ ]  No

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| --- |
| If yes, explain:       |

**17. Scaffolding?** [ ]  Yes [ ]  No

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| --- |
| If yes, explain:       |

**18. Storing of inflammable gases, liquids and explosives?** [ ]  Yes [ ]  No

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| --- |
| If yes, explain:       |

**19. Underpinning or soil-stabilization operations?** [ ]  Yes [ ]  No

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| --- |
| If yes, explain:       |

**20. Watercraft/Aircraft Exposure?** [ ]  Yes [ ]  No

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| --- |
| If yes, explain:       |

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| --- |
| **21. Surrounding property damage exposure:**       |

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| --- |
| **22. Potential third-party bodily injury exposure:**       |

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| --- |
| **23. Jobsite safety precautions:**       |

**24. Type of Subcontractors and Percent Subcontracted:**

|  |  |
| --- | --- |
| **a.**       |      % |
| **b.**       |      % |
| **c.**       |      % |
| **d.**       |      % |
| **Total Subcontracted** |      % |

**25. Details of Any Hold Harmless Agreements:**

|  |
| --- |
| **a.** Between Contractor and Subcontractors:       |

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| --- |
| **b.** Between Contractor and Applicant:       |

**26. Additional Insured Information:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Interest** |
|       |       |       |
|       |       |       |

**27. Schedule Of Hazards:**

|  |  |  |
| --- | --- | --- |
| **Classification Description** | **Class Code** | **Total Cost** |
|       |       | $      |
|       |       | $      |

**28. General Liability Coverage:** (If coverage is written, certificates of insurance will be required.)

|  |  |  |
| --- | --- | --- |
| **a.** | **Designated Contractor Primary** | **Excess/Umbrella** |
| **Limits:** |       | **Limits:** |       |
| **Terms:** |       | **Terms:** |       |
| **Carrier:** |       | **Carrier:** |       |
| **Policy No.:** |       | **Policy No.:** |       |

|  |
| --- |
| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. [ ]  Check if no losses in the last five years. |
| **Date ofLoss** | **Description of Loss** | **AmountPaid** | **AmountReserved** | **Claim Status(Open or Closed)** |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |

|  |  |  |
| --- | --- | --- |
| **b.** | **Subcontractor(s) Primary** | **Excess/Umbrella** |
| **Limits:** |       | **Limits:** |       |
| **Terms:** |       | **Terms:** |       |
| **Carrier:** |       | **Carrier:** |       |
| **Policy No.:** |       | **Policy No.:** |       |

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| Indicate all claims, losses or occurrences that may give rise to claims for the prior five years.[ ]  Check if no losses in the last five years |
| **Date ofLoss** | **Description of Loss** | **AmountPaid** | **AmountReserved** | **Claim Status(Open or Closed)** |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |

**29. Is applicant/owner named as an additional insured on the designated contractors General Liability policy?** [ ]  Yes [ ]  No

If yes, are certificates of insurance obtained? [ ]  Yes [ ]  No

**ATTACH ANY CONTRACT OR INDEMNIFICATION AGREEMENT BETWEEN OWNER AND CONTRACTOR.**

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing state-ments are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

|  |  |  |
| --- | --- | --- |
|  | **IMPORTANT NOTICE** |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |