



Mid Valley General Agency LLC
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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

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

If yes, explain: _____

7. **Blasting?**..... Yes No

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

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

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

If yes, explain: _____

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

If yes, explain: _____

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

If yes, explain: _____

12. **Drilling?**..... Yes No

If yes, explain: _____

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

If yes, explain: _____

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

If yes, explain: _____

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

If yes, explain: _____

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

If yes, explain: _____

17. Scaffolding?..... Yes No
If yes, explain: _____

18. Storing of inflammable gases, liquids and explosives? Yes No
If yes, explain: _____

19. Underpinning or soil-stabilization operations?..... Yes No
If yes, explain: _____

20. Watercraft/Aircraft Exposure? Yes No
If yes, explain: _____

21. Surrounding property damage exposure: _____

22. Potential third-party bodily injury exposure: _____

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: _____

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 of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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

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 of Loss	Description of Loss	Amount Paid	Amount Reserved	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.