

OWNERS & CONTRACTORS PROTECTIVE LIABILITY SUPPLEMENTAL APPLICATION

**COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>		Policy Number:	
Effective Date:			
Website:			

2) Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) A copy of the diagram or blueprint of the project, if available
- c) A copy of the General Contractor's General Liability Insurance Declarations page or COI, if available

3) Mailing Address: _____
City: _____ State: _____ Zip Code: _____

4) Project Name: _____
Project Address: _____
City: _____ State: _____ Zip Code: _____

5) Name of Designated Contractor: _____

6) Please indicate your project interest:

Project Owner General Contractor Construction Manager
 Subcontractor Other: _____

7) Please provide a brief description of the project for which you are seeking coverage:

8) What is the contract/project number? _____

9) What is the completed contract price? \$_____

10) What is the planned project start date? _____

11) What is the anticipated project duration? _____

12) What is the proposed policy term? _____

a. Requested Occurrence limit of insurance: _____

b. Requested Aggregate limit of insurance: _____

13) Is this project a service or maintenance contract? Yes No

14) Is this project a Department of Defense or Department of Energy project? Yes No

15) Does this project involve a "Brownfield Redevelopment" site, a superfund site, or a premise otherwise listed on any federal or state hazardous materials clean-up register? Yes No

16) Does this project involve the use of any aircraft, watercraft, or tower cranes? Yes No

a. If yes, please provide details:

17) If you are hiring subcontractors, please clarify the following:

a. What work is being subcontracted?

b. Do you usually hire the same subcontractors? Yes No

c. Are subcontractors always insured? Yes No

+ If yes, what General Liability limits do you require subs to carry? _____

d. Do you obtain certificates of insurance from all subcontractors? Yes No

e. Are you named as an Additional Insured on all subcontractors' policies? Yes No

f. Do you have a written contract with your subcontractors? Yes No

g. Do all contracts contain a Hold Harmless clause in your favor? Yes No

h. Do you use any leased employees? Yes No

+ If yes, are you responsible for providing Worker's Compensation for these employees? Yes No

i. Do you carry Worker's Compensation insurance? Yes No

18) Have you allowed or will you allow your license to be used by any other contractor on this project? Yes No

WORKSITE SAFETY INFORMATION

19) Do you have a formal safety program? Yes No

20) Does this project require work on hillsides, terraces, former landfills, or on slopes? Yes No

21) Does this project require any blasting? Yes No



22) Does this project involve the storage or use of any highly flammable/combustible, explosive, corrosive, or otherwise hazardous materials requiring special handling and storage? Yes No

a. If yes, please provide details:

23) Does this project require work below grade? Yes No

a. If yes, maximum depth? _____

24) Are all trenches, ditches, excavations, holes, et cetera made in the ground or in structure flooring properly and clearly identified and protected against to mitigate falling injury? Yes No

25) Are you erecting scaffolding that may be used by, or is intended to be used by, a third party? Yes No

26) Are you or your subcontractors involved in removal of hazardous materials, asbestos, lead-based paints or chemical contamination at this project? If yes, please provide details: Yes No

27) Do you provide a watchman or security at the job site? Yes No

28) Is the site fenced? Yes No

29) Is the site lighted? Yes No

30) What precautions are taken to protect the public from injury? Check all that apply:

- Cones Signs Area Roped/Barricaded Off
 Other: _____

31) Prior to any excavation or digging are you ensuring that all underground structures (utility lines, cables, sewers, etc.) are marked? Yes No

LOSS HISTORY

32) Has any licensing authority taken any action against you? Yes No

If yes, please attach explanation and copies of all citations.

33) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes No

34) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? *For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.* **If yes, please attach an explanation including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed.** Yes No



35) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction work injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? **If Yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.**

Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

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

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

