



Owners & Contractors Protective Liability Supplemental Application

1. Named Insured/Project Owner: _____
Mailing Address: _____

2. Designated Contractor: _____
Address: _____

3. Who is purchasing this Policy: Designated Contractor Named Insured/Project Owner

4. Location Project: _____

5. Description of the Job, including job number, type of work being done, construction, # of stories, end use, etc: _____

6. Anticipated start date: _____
Anticipated completion date: _____

7. Full Contract Cost: \$_____

8. OCP Limited Required: \$1MM/\$1MM Other: _____

9. Contractors Coverage Information - **Copy of Cert Required at Time of Binding**
Primary General Liability Carrier: _____
Limits: _____
Policy Dates: _____

Excess Carrier: _____
Limits: _____
Policy Dates: _____

Number of years in business: _____
Contractor specializes in: _____

10. Description of all General Liability losses for the contractor over \$25,000 in the past 5 years:



11. What percentage of work will the contractor in #2 be doing? _____%
 Description of work performed by subcontractors: _____

12. Are certificates of Insured obtained by the GC prior to subs starting work: Yes No
- Minimum limits of \$1,000,000 required by the GC for subcontractors Yes No
- Written contract between Named Insured and GC w/hold harmless in favor Of Named Insured: Yes No
- Is the GC named additional insured on the subcontractors' policies? Yes No
- Is the Named Insured named Add'l Insured on the GC's GL policy Yes No

13. Does the project involve any of the following:

- | | | | |
|----------------------------------|--------------------------|----------------------------------|--------------------------|
| Underground Tanks or Utilities | <input type="checkbox"/> | Jobs on Airport Premises | <input type="checkbox"/> |
| Blasting or Use of Wrecking Ball | <input type="checkbox"/> | Elevator or Escalator Work | <input type="checkbox"/> |
| LPG Work | <input type="checkbox"/> | Asbestos/Mold/PCB/Lead Abatement | <input type="checkbox"/> |
| Environmental Cleanup | <input type="checkbox"/> | Road/Highway/Bridge/Overpass | <input type="checkbox"/> |
| Fire/Water/Disaster Restoration | <input type="checkbox"/> | Railroad work | <input type="checkbox"/> |
| Ships or Aircraft | <input type="checkbox"/> | Piers/Wharves/Docks | <input type="checkbox"/> |
| Dams/Reservoirs/Jetty/Breakwater | <input type="checkbox"/> | Oil and Gas-related projects | <input type="checkbox"/> |
| Industrial-Related Work | <input type="checkbox"/> | Work in Nuclear Power Plant | <input type="checkbox"/> |

Explain any "YES" answers:

I hereby certify that all information is accurate to the best of my knowledge:

Signatures:

PRODUCER: _____

DATE: _____

APPLICANT: _____

DATE: _____