



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 Nebraska, Oregon and Vermont.)**

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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

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

NOTICE TO RHODE ISLAND 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.

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.

NOTICE TO NEW YORK APPLICANTS (OTHER THAN AUTOMOBILE): 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT'S NAME AND TITLE: _____

APPLICANT SIGNATURE: _____ DATE: _____
(Signature of Active Officer/Director/Partner or Owner)

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.



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total \$
Deductible	\$	

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US 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.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

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.