



OWNERS CONTRACTORS PROTECTIVE

Contract/Project No: _____

1. Name of Insured/Owner: _____
Mailing address: _____
Entity: Individual Corporation Partnership Other: _____

2. Name of Designated Contractor: _____
 General Contractor Construction Manager Other: _____
Mailing Address: _____
Number of years in the construction contracting business: _____

3. Description of Covered Project: _____
Number of stories if applicable: _____ *Attach diagram of project.*

4. Location: _____

5. Limits of Coverage:
Occurrence Limit: \$ _____
Aggregate Limit: \$ _____

6. Completed Contract Price: _____

7. Terms of Contract (outlined in job specifications):
a. Proposed starting date: _____
b. Job term: _____ shown as calendar days or working days
c. Completion Date: _____ (*None, if not in Job Specifications*)
d. Penalties for failure to complete job on time: _____

8. Surrounding property damage exposure: _____

9. Potential third party bodily injury exposure: _____

10. Job site safety precautions:

11. Check if applicable and explain:

- Watercraft/aircraft exposure: _____
- Storing of inflammable gases, liquids and explosives: _____
- Hazardous waste removal or installation: _____
- Drilling: _____
- Blasting: _____
- Scaffolding: _____
- Crane work: _____

12. General Liability Program:

Contractor's Insurance	Primary	Excess/Umbrella
Limits:	_____	_____
Term:	_____	_____
Carrier:	_____	_____

If coverage is written, certificate of insurance required

*General Liability/Umbrella limits required to be carried by subcontractors is: \$ _____ total.

13. Type of subcontractors and percent subcontracted:

a.	_____	_____	%
b.	_____	_____	%
c.	_____	_____	%
d.	_____	_____	%
e.	_____	_____	%
			% Total Subcontracted

14. Details of any hold harmless agreements:

a. Between Contractor and Subcontractors:

b. Between Contractor and Insured:

15. Is a bond required on this project: Yes No

If so, name of bonding company: _____

16. Prior to binding coverage, the following must be submitted to underwriter:

- a. Copy of hold harmless agreement between owner and general contractor
- b. Certificate of Insurance on general contractor's GL and Umbrella coverage

Agent's Signature: _____

Date _____