

Owners Contractors Protective Application

1. Insured/Project Owner: _____
Address: _____
2. Contractor: _____
3. Project Name: _____
Address: _____
4. Description of Project: _____
5. Total Project Cost: \$ _____
6. OCP Limits Desired: 1M/2M 2M/2M 2M/3M 3M/3M
 4M/4M 5M/5M 6M/6M
7. Proposed Start Date: _____
Proposed Finish Date: _____
8. How is the Contractor insuring the project? Project Specific Annual Policy
9. Is the Contractor's carrier Best rating A- VI or greater? Yes No
10. Are GC limits greater than or equal to the OCP limits requested? Yes No
 If no, please indicate GC limits: _____
11. Is the owner an Additional Insured with Waiver of Subrogation on the GC's policy? Yes No
 Copy of Certificate of Insurance with Additional Insured Status and Waiver of Subrogation is required and must be received within 30 days of binding.
12. Is Loss History for the Contractor's policy available? Yes No
 If yes, please attach.
13. Identify any of the following exposures:
 - Any New York construction operation
 - Any work in airports
 - Any work in refineries and/or power plants
 - Any work where latent exposure remediation (mold, lead, asbestos, silica) is more than 25% of total job costs
 - Blasting
 - Railroad work
 - Underground construction such as tunneling, subways, mines, etc.
 - USL&H
14. Jobsite Safeguards: Fenced Lighted Guarded 24 hours
 Other (please describe): _____

GENERAL FRAUD STATEMENT (Not applicable in all 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 conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Applicant's Printed Name: _____ Title: _____

Applicant's Signature: _____ Date: _____

NOTE: If this application is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this Application is completed in Iowa, please provide the Insurance Agent's name only. If this Application is completed in New Hampshire, please provide the Insurance Agent's signature.

PRODUCER (Insurance Agent or Broker)	INSURANCE AGENCY OR BROKERAGE
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT OR BROKER LICENSE NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	
E-MAIL ADDRESS OF AGENT OR BROKER	
INSURANCE AGENT'S SIGNATURE	DATE