

Owners and Contractors Protective Liability Supplemental Application
General Agency

**Notice: This Questionnaire becomes part of the policy and must be signed in ink by the President, Owner or Authorized Representative of the Applicant.
Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this Questionnaire.
This document must be completed in addition to the ACORD Application.**

OWNER INFORMATION

Name: _____ Today's Date: _____

GENERAL CONTRACTOR INFORMATION

1. Name: _____ License Number: _____

2. Address: _____ Website: _____

3. Years in Business: _____

4. What year did you take over management of this business? _____

5. Contractor's Insurance Carrier: _____

Limits of Insurance:

Each Occurrence: _____ General Aggregate: _____

Are the above limits subject to a Per Project Aggregate? Yes No

6. Has the General Contractor had any losses exceeding \$25,000 in the past 5 years? Yes No

If yes, please provide a brief description of the losses. _____

7. Prior to allowing subcontractors to enter the jobsite, does the General Contractor obtain a certificate of insurance from the subcontractors showing that they provide Workers Comp to their employees? Yes No

8. Are subcontractors required to name the General Contractor and Owner as an additional insured & provide endorsement of same? Yes No

Limits Required: _____

9. Does the General Contractor maintain records of certificates of insurance and contractual agreements with all subcontractors? Yes No

If yes, how long are they kept? _____ Years

10. Will the Owner be added as an AI on the General Contractor's policy? Yes No

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11. Will the General Contractor Indemnify and Hold Harmless the owner? Yes No

12. Will any of the work be under the U.S. Longshoremen's and Harbor Workers' Act or Jones Maritime Act? Yes No

PROJECT INFORMATION

13. Location of Project: _____

14. Brief description of the project including the number of buildings, stories, units, and square footage of the building(s).

15. Estimated Length of Project: _____ to _____

16. Total Cost of the Construction Project: \$ _____

17. Is the entire construction site fenced in? Yes No

18. Describe any additional safety and/or security measures for the site: _____

19. Are there any water exposures on or adjacent to the project site (lakes, ponds, etc)? Yes No

20. Do you or will you have a formal safety program in place? Yes No

WORK PERFORMED

21. Will there be any Blasting? Yes No If yes, What Percentage? _____

22. Will there be any Hydraulic Cranes? Yes No If yes, What is the length? _____ feet

23. Have you been involved or will you or your subcontractors be involved in the removal of or work on fuel or chemical storage tanks or pipelines? Yes No

24. Will any work be done on dams/levees? Yes No
If yes, please explain: _____

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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 and subjects that person to criminal and/or civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Other state specific notifications shown below).**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in Florida and Oklahoma: 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 FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, 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 may include imprisonment, fines or a denial of insurance benefits.

Applicable in Pennsylvania: 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.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____