

# Specialty Lines

## UNDERWRITERS

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### OWNERS/CONTRACTORS PROTECTIVE LIABILITY APPLICATION FOR INSURANCE

1. NAME OF OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. NAME OF DESIGNATED CONTRACTOR: \_\_\_\_\_

General Contractor \_\_\_\_\_ General Manager \_\_\_\_\_ Managing Agent \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. DESCRIPTION OF COVERED PROJECT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTRACT/PROJECT NO.: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_

CHECK IF APPLICABLE & EXPLAIN:

Watercraft/aircraft exposure \_\_\_\_\_

Storing of inflammable gases, liquids and explosives \_\_\_\_\_

Hazardous waste removal or installation \_\_\_\_\_

Drilling \_\_\_\_\_

Blasting \_\_\_\_\_

Scaffolding \_\_\_\_\_

PLEASE DESCRIBE:

Surrounding property damage exposure \_\_\_\_\_

Potential third party bodily injury exposure \_\_\_\_\_

Job site safety precautions \_\_\_\_\_

4. LIMITS OF COVERAGE:

AGGREGATE LIMIT: \_\_\_\_\_

OCCURRENCE LIMIT: \_\_\_\_\_

5. COMPLETED CONTRACT PRICE: \_\_\_\_\_

6. TERMS OF CONTRACT (Outlined in Job Specifications):

a. Proposed starting date \_\_\_\_\_

b. Job term in calendar days \_\_\_\_\_ working days \_\_\_\_\_

c. Completion date \_\_\_\_\_ (indicate none if not shown in Job Specifications)

d. Penalties for failure to complete job on time: \_\_\_\_\_

\_\_\_\_\_

7. TYPE OF SUBCONTRACTORS AND PERCENT SUBCONTRACTED:

a. \_\_\_\_\_ %

b. \_\_\_\_\_ %

c. \_\_\_\_\_ %

8. DETAILS OF ANY HOLD HARMLESS AGREEMENTS IN THE CONSTRUCTION CONTRACTS:

a. Between Contractor and Subcontractors – Is there a hold harmless in favor of the contractor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide copy of the hold harmless clause if “yes.”

b. Between Contractor and Owner – Is there a hold harmless in favor of the Owner? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide a copy of the hold harmless clause if “yes.”

9. GENERAL LIABILITY PROGRAM

a. CONTRACTOR PRIMARY EXCESS/UMBRELLA

Limits:

Term:

Carrier:

b. SUBCONTRACTOR(S) PRIMARY EXCESS/UMBRELLA

Limits:

Term:

Carrier:

Is the Owner or Contractor to be insured under the policy being applied for an Additional Insured under the above policy(ies)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If coverage is written, proof of insurance will be required.

10. ATTACH ANY CONTRACT OR INDEMNIFICATION AGREEMENT BETWEEN

OWNER AND CONTRACTOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_