



**Owner's and Protective's Supplemental Application**  
 (Complete in addition to the applicable ACORD applications)

Applicant's Name \_\_\_\_\_

DBA \_\_\_\_\_

Mailing Address \_\_\_\_\_

Web Address \_\_\_\_\_

Years of Experience \_\_\_\_\_ years

Years doing business under current name \_\_\_\_\_ years

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Proposed Effective Date:

From \_\_\_\_\_ To \_\_\_\_\_

(12:01 am Standard Time at the address of the Applicant)

The Applicant is:

- Corporation
- Partnership
- LLC
- Joint Partnership
- Individual
- Estate

**Limits of Liability Requested**

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

**Project Location**

Address	City	State	Zip Code

Description of Project \_\_\_\_\_

**Contractor's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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Anticipated Start Date \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Contractor's Coverage Information

Does the contractor doing the work for the applicant have Primary Liability Insurance, Workers Compensation Insurance, and Excess/Umbrella Insurance with limits equal to those requested for this policy in place for the entire proposed duration of this policy?  Yes  No

Full Contract Cost \$ \_\_\_\_\_

Is applicant named as additional insured on contractor's policy?  Yes  No

Does contractor collect certificates of insurance showing equal limits from all subcontractors?  Yes  No

Are there any projects already in progress?  Yes  No

Does project exceed four stories in height?  Yes  No

Is there any airport, bridge, or major interstate road projects?  Yes  No

Is the property fenced?  Yes  No

Is the property properly lit?  Yes  No

Is there security guarding the property?  Yes  No

Will utility lines need to be moved or disturbed in any way?  Yes  No

Will the utilities in the construction area be properly identified?  Yes  No

What is surrounding the project area? \_\_\_\_\_

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Does the project involve any blasting, demolition, LPG work, Asbestos/mold/lead abatement, environmental cleanup, airport construction, elevator or escalator work, EIFS work, work on tunnels, dams, reservoirs, jetty's, breakwater, piers, docks or wharfs?  Yes  No

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Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

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Applicant's Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Hired Contractor's Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_

Date \_

Agents Signature \_\_\_\_\_

Date \_