**OWNERS OR CONTRACTORS PROTECTIVE LIABILITY APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name of Applicant/Owner: |  | | | | | | | | | | | | | | | | | |
| Mailing Address: |  | | | | | | | | | | | | | | | | | |
| Entity Type: |  | | Individual | | |  | Corporation | | | |  | Partnership |  | Other: | | |  | |
| Contract or Project No.: |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 2. Name of Designated Contractor: |  | | | | | | | | | | | | | | | | | |
| Mailing Address: |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| Contractor Type: |  | | General Contractor | | | | | |  | Construction Manager | | | | |  | Other: | |  |
|  |  | | | | | | | | | | | | | | | | | |
| 3. Description of Covered Project: |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| Number of Stories: |  | | | *(if applicable)* | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 4. Location of Project: |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | |
| 5. Limits of Coverage Required: | Per Occurrence Limit: | | | | | | | $ | | | | | | | | | | |
|  | Aggregate Limit: | | | | | | | $ | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 6. Completed Contract Price: |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 7. Terms of Contract: | *(outlined in job specifications)* | | | | | | | | | | | | | | | | | |
| a. Proposed starting date: |  | | | | | | | | | | | | | | | | | |
| b. Job term: |  | | | | | | | *(specify whether days or months)* | | | | | | | | | | |
| c. 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. Type of subcontractors and percent subcontracted: | | | | | | | | | | | |
| a. |  | | | | |  |  | | % subcontracted | | |
| b. |  | | | | |  |  | | % subcontracted | | |
| c. |  | | | | |  |  | | % subcontracted | | |
| d. |  | | | | |  |  | | % subcontracted | | |
|  |  | | | | |  |  | | % Total subcontracted | | |
|  | | | | | | | | | | | |
| 13. Details of any hold harmless agreements: | | | | | | | | | | | |
| a. between contractors and subcontractors: | | | |  | | | | | | | |
| b. between contractor and Applicant/Owner: | | | |  | | | | | | | |
|  | | | | | | | | | | | |

The Applicant represents that the answers given with respect to the foregoing questions are true, with no misrepresentations, omissions or other concealment of fact and agrees that any misrepresentation will constitute reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken

SIGNING THIS FO RM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR ALTA RISK, LLC TO COMPLETE THE INSURANCE.  HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION AND ANY ADDITIONAL INFORMATION PROVIDED BY THE APPLICANT BECOMES A PART OF THE POLICY

SIGNED TITLE DATE