

**COLONY
OWNERS & CONTRACTORS PROTECTIVE APPLICATION
(EXCLUDING ALL HABITATIONAL CONSTRUCTION & NEW YORK)**

1. Name of Insured/Project Owner: _____

Address of Insured:

No. Street City State Zip

2. Contractor:

- Name: _____

- Address:

No. Street City State Zip

- Contractors Coverage (GL & Umbrella) - **Copy of Cert Required at Time of Binding**

Carrier (Primary) Limits Policy Date

Carrier (Umbrella) Limits Policy Date

- Number of years in Business: _____

- Contractor Specializes in: _____ construction

- Contractor's Gross Receipts: _____

- Contractor's Total Payroll: _____

3. Five Year Incurred General Liability Loss Ratio for the contractor (A quote will not be given without this information) _____

4. Description of all General Liability losses for the contractor over \$25,000 in the past 5 years:

5. OCP Limits Required: \$1MM/\$1MM Other _____

6. Location of the Project:

- Address:

No. Street City State Zip

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7. Description of the Job, including job number, construction, end use, etc.:
 (NOTE, decline if over 12 stories)

8. Description of Safeguards surrounding the project:

9. Is the project:

Fenced	yes	no
Lighted	yes	no
Guarded 24 hours	yes	no

10. Surrounding Structures:

Right Side: _____ Left Side: _____
 Front : _____ Back : _____

11. Anticipated start date: _____

12. Anticipated finish date: _____

13. Full Contract Cost \$ _____

14. Will the contractor stated in question 2 be doing all of the work? NO YES

If a NO answer, what percentage of work will be done by contractor _____ %?

Description of work performed by subcontractors, and cost:

15. Are certificates of insurance obtained prior to subcontractors starting work? NO YES

Minimum limits required of \$1,000,000? NO YES

Is the contractor named additional insured on the subcontractor's policy? NO YES

MANDATORY: Copy of written contract with subs naming contractor as additional insured on the subcontractor's policy and adequate hold harmless/indemnification required.

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16. Will there be any blasting: NO YES (If YES we will decline)

17. Will utility lines need to be moved or disturbed in any way: NO YES (explain YES)

If YES to above, is Miss Utility/Other Utility Locator Service contacted? NO YES

18. Any USL&H Exposure? NO YES

SIGNATURES:

PRODUCER _____ DATE _____

CONTRACTOR _____ DATE _____