



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 FORM 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