

MAIN SALES INSURANCE SOLUTIONS, INC.

OWNER'S CONTRACTOR'S LIABILITY SUPPLEMENT

1. Named Insured/Project Owner: _____

Mailing Address:

No. Street City State Zip

2. Designated Contractor: _____

Address: _____
No. Street City State Zip

3. Who is purchasing this policy? Designated Contractor Named Insured/Project Owner

4. Location of the Project:

Address: _____
No. Street City State Zip

5. Description of the Job, including job number, type of work being done, construction, # of stories, end use, etc.:

6. Anticipated start date: _____ Anticipated completion date: _____

7. Full Contract Cost \$ _____

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

9. Contractors Coverage Information - **Copy of Cert Required at Time of Binding**

Primary General Liability Carrier Limits Policy Dates

Excess/Umbrella Carrier Limits Policy Dates

• Number of years in Business: _____

• Contractor Specializes in: _____ construction

OWNERS & CONTRACTORS PROTECTIVE LIABILITY SUPPLEMENTAL APPLICATION

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

11. What percentage of work will the contractor in #2 be doing? _____%

Description of work performed by subcontractors, and cost:

- | | | |
|--|-----|----|
| 12. Are certificates of insurance obtained by the GC prior to subs starting work? | YES | NO |
| Minimum limits of \$1,000,000 required by the GC for subcontractors? | YES | NO |
| Written contract between Named Ins'd and GC w/hold harmless in favor of Named Insured? | YES | NO |
| Is the GC named additional insured on the subcontractors' policies? | YES | NO |
| Is the Named Insured named Add'l Insured on the GC's GL policy? | YES | NO |

13. Does the project involve any of the following?

	YES	NO		YES	NO
Underground Tanks or Utilities	<input type="checkbox"/>	<input type="checkbox"/>	Jobs on Airport Premises	<input type="checkbox"/>	<input type="checkbox"/>
Blasting or Use of Wrecking Ball	<input type="checkbox"/>	<input type="checkbox"/>	Elevator or Escalator Work	<input type="checkbox"/>	<input type="checkbox"/>
LPG Work	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos/Mold/PCB/Lead Abatement	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Cleanup	<input type="checkbox"/>	<input type="checkbox"/>	Road/Highway/Bridge/Overpass	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Water/Disaster Restoration	<input type="checkbox"/>	<input type="checkbox"/>	Railroad work	<input type="checkbox"/>	<input type="checkbox"/>
Ships or Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	Piers/Wharves/Docks	<input type="checkbox"/>	<input type="checkbox"/>
Dams/Reservoirs/Jetty/Breakwater	<input type="checkbox"/>	<input type="checkbox"/>	Oil and Gas-Related projects	<input type="checkbox"/>	<input type="checkbox"/>
Industrial-Related Work	<input type="checkbox"/>	<input type="checkbox"/>	Work in Nuclear Power Plant	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "YES" answers.

I hereby certify that all information is accurate to the best of my knowledge:

SIGNATURES:

PRODUCER _____ DATE _____

APPLICANT _____ DATE _____