SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

OWNERS/CONTRACTORS PROTECTIVE LIABILITY APPLICATION

Name of Applicant/Owner: _____
Mailing Address: _____
_____

Agent Name: _____
Mailing Address: _____
_____

PROPOSED EFFECTIVE DATE

From _____ **To** _____

12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Name of Designated Contractor:** _____
   Check all that applies: ☐ General Contractor ☐ General Manager ☐ Managing Agent
   Mailing Address: _____
2. **Description of Covered Project:** _____
   _____
   _____

   Contract/Project No.: _____
   Location: _____
   _____

   If applicable, explain:
   Watercraft/Aircraft Exposure: _____
   Storing of Inflammable gases, liquids and explosives: _____
   Hazardous waste removal or installation: _____
   Drilling: _____
   Blasting: _____
   Scaffolding: _____
   *Surrounding property damage exposure: _____
   _____

   *Potential third party bodily injury exposure: _____
   _____

   Job site safety precautions: _____
   _____

   *Must be answered.
3. **Limits of Coverage:**
   Aggregate Limit: _____
   Occurrence Limit: _____

4. **Completed Contract Price:** _____

5. **Terms of Contract** (Outlined in Job Specifications):

   Proposed Starting Date: _____

   Job term in Calendar Days: _____ Working Days: _____

   Completion Date (indicate none if not shown in job specifications): _____

   Penalties for failure to complete job on time: _____

   _____

   _____

6. **Type of Subcontractors and Percent Subcontracted:**

   a. _____ _____%

   b. _____ _____%

   c. _____ _____%

   d. _____ _____%

   e. _____ _____%

   Total Subcontracted: _____%

7. **Details of Any Hold Harmless Agreements:**

   a. Between Contractor and Subcontractors: _____

   _____

   _____

   b. Between Contractor and Applicant: _____

   _____

   _____

8. **General Liability Program:**

   a.

	Contractor Primary	Excess/Umbrella
Limits:	_____	_____
Term:	_____	_____
Carrier:	_____	_____

   If coverage is written, certificates of insurance will be required.

   b.

	Subcontractor(s) Primary	Excess/Umbrella
Limits:	_____	_____
Term:	_____	_____
Carrier:	_____	_____

ATTACH ANY CONTRACT OR INDEMNIFICATION AGREEMENT BETWEEN OWNER AND CONTRACTOR.

FRAUD WARNINGS:

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for the violation.

FRAUD WARNING: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

Applicant Signature: _____ Date: _____

(Signature of Officer/Director/Partner or Owner)

Print Name: _____ Title: _____

Producer: _____

Agent's Name: _____ Agent's License Number: _____

(Applicable to Florida agents only.)

Iowa Licensed Agent (If applicable): _____