



James Fenton
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& Owners Contractors Protective Liability
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Owners Contractors Protective Application

1. Insured: _____ Address: _____

2. Designated Contractor: _____ Address: _____

3. Is the designated contractor acting as the general contractor on this project?

_____ Yes _____ No. Please explain _____.

4. Is there any

A) Legal relationship between the insured and the contractor? _____ Yes _____ No

B) Financial relationship between the insured and the contractor? _____ Yes _____ No

C) Common ownership of insured and the contractor? _____ Yes _____ No

5. OCP Limits Requested: \$ _____ Occ. \$ _____ Agg.

6. Contract Cost: \$ _____

7. Bid Date: _____

8. Job Location:

9. Job Description:

10. **Job Term:** _____ Calendar Days
_____ Working Days
_____ Months

11. Penalties: \$ _____ per _____

12. What is the “peak” number of workers (including subcontractors) on the jobsite? _____

12. Are there any unusual exposures including blasting, tunneling, high voltage etc.? If so, please describe:

13. What percentage of work will be self-performed by the Designated Contractor? _____%

14. Are there any height exposures? If so, please describe:

15. What limits do you require subcontractors to carry on their General Liability programs?

\$ _____

16. **Designated Contractors Insurance Program**

	<u>Primary</u>	<u>Excess</u>
Carrier	_____	_____
Policy Number	_____	_____
Policy Term	_____	_____
Limits	_____	_____

17. **Indemnification**

	<u>Yes</u>	<u>No</u>
Owner/GC	_____	_____
GC/Subs	_____	_____