

BENCHMARK MANAGEMENT GROUP & SPECIALTY LINES UNDERWRITERS

Owners/Contractors Protective Liability Application

Name of Applicant/Owner: _____

Mailing Address: _____

Web site Address: _____

Agency Name: _____
Agent: _____
Address: _____

E-mail: _____
Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time, at the address of the Applicant

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

Applicant/Owner is: Individual Partnership Joint Venture Limited Liability Company
 Organization including a Corporation (other than Partnership, Joint Venture or Limited Liability Company)

Limits Of Liability Requested: Each Occurrence \$ _____ Aggregate \$ _____

1. Name of Designated Contractor: _____

Check all that applies: General Contractor General Manager Managing Agent
 Other (explain): _____

Mailing Address: _____

2. Is designated contractor licensed and bonded? Yes No
If no, does state require contractor to be licensed and bonded? Yes No

3. Description of Covered Project: _____

Contract/Project No.: _____

Location: _____

4. Completed Contract Price: _____

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

Proposed Starting Date: _____ Anticipated Completion Date: _____

Job term in Calendar Days: _____ Working Days: _____

Penalties for failure to complete job on time: _____

6. Asbestos removal? Yes No
If yes, explain: _____

7. Blasting? Yes No
If yes, explain: (Complete Blasting Contractors Supplemental Application, GLS-APP-67s.) _____

BENCHMARK MANAGEMENT GROUP & SPECIALTY LINES UNDERWRITERS

8. **Condominium or townhouse construction or conversion?** Yes No
If yes, explain: _____

9. **Construction or repair of/at oil or gas fields, pipelines, refineries, power lines, bridges, tunnels or elevated streets, roads, highways or railroads?** Yes No
If yes, explain: _____

10. **Crane work over five stories?** Yes No
If yes, explain: _____

11. **Drilling?** Yes No
If yes, explain: _____

12. **Hazardous waste removal or installation?** Yes No
If yes, explain: _____

13. **Work at or on former landfills or dump sites?** Yes No
If yes, explain: _____

14. **Lead, PCB or mold abatement?** Yes No
If yes, explain: _____

15. **Scaffolding?** Yes No
If yes, explain: _____

16. **Storing of inflammable gases, liquids and explosives?** Yes No
If yes, explain: _____

17. **Underpinning or soil-stabilization operations?** Yes No
If yes, explain: _____

18. **Watercraft/Aircraft Exposure?** Yes No
If yes, explain: _____

19. **Surrounding property damage exposure:** _____

20. **Potential third-party bodily injury exposure:** _____

21. **Jobsite safety precautions:** _____

BENCHMARK MANAGEMENT GROUP & SPECIALTY LINES UNDERWRITERS

22. Type of Subcontractors and Percent Subcontracted:

- a. _____ %
 - b. _____ %
 - c. _____ %
 - d. _____ %
- Total Subcontracted: _____ %

23. Details of Any Hold Harmless Agreements:

- a. Between Contractor and Subcontractors: _____

- b. Between Contractor and Applicant: _____

24. Additional Insured Information:

Name	Address	Interest

25. Schedule Of Hazards:

Classification Description	Class Code	Total Cost

26. General Liability Coverage: (If coverage is written, certificates of insurance will be required.)

- | | |
|---|---|
| <p>a. Designated Contractor Primary</p> <p>Limits: _____</p> <p>Term: _____</p> <p>Carrier: _____</p> <p>Policy No.: _____</p> | <p style="text-align: right;">Excess/Umbrella</p> <p>Limits: _____</p> <p>Term: _____</p> <p>Carrier: _____</p> <p>Policy No.: _____</p> |
|---|---|

<p>Indicate all claims, losses or occurrences that may give rise to claims for the prior five years. <input type="checkbox"/> Check if no losses in the last five years.</p>				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

BENCHMARK MANAGEMENT GROUP & SPECIALTY LINES UNDERWRITERS

b. Subcontractor(s) Primary

Excess/Umbrella

Limits: _____
 Term: _____
 Carrier: _____
 Policy No.: _____

Limits: _____
 Term: _____
 Carrier: _____
 Policy No.: _____

Indicate all claims, losses or occurrences that may give rise to claims for the prior five years.				<input type="checkbox"/> Check if no losses in the last five years.
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

27. Is applicant/owner named as an additional insured on the designated contractors General Liability policy? Yes No
 If yes, are certificates of insurance obtained? Yes No

ATTACH ANY CONTRACT OR INDEMNIFICATION AGREEMENT BETWEEN OWNER AND CONTRACTOR.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

BENCHMARK MANAGEMENT GROUP & SPECIALTY LINES UNDERWRITERS

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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'S NAME AND TITLE: _____

APPLICANT SIGNATURE: _____ DATE: _____

(Signature of active Officer/Director/Partner or Owner)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.