



Owner's/Tenant's Protective Product

OWNER'S/TENANT'S PROTECTIVE PRODUCT APPLICATION

Please complete all sections of this application and have signed by the applicant. **NOTE:** Products/Completed Operations will be excluded

- Applicant Name: _____
- Form of Business: Individual Corporation Partnership LLC Other _____
- Mailing Address: _____
City: _____ State: _____ Zip: _____
- Email Address of Primary Contact: _____
Web Address (if any): _____ Phone Number: _____
- Inspection Contact Name: _____ Phone Number/Email Address: _____
- Policy Term: 3 months 6 months 9 months Annual
- Limits Desired: \$100,000/\$200,000 \$300,000/\$600,000
 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
- Please advise all entities requested to be added as an Additional Insured on this policy: Not Applicable

| Complete Name | Address | Interest |
|---------------|---------|----------|
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| | | |

Details of Project

- Project Location/Address: _____
- Estimated Start Date: _____ Estimated Completion Date: _____
- Type of Project: Residential New construction Renovation of existing building
 Commercial New construction Renovation of existing building
- Complete Details of Project: _____

- Cost of Labor: \$ _____ Cost of Materials: \$ _____ Total Cost of Project: \$ _____
- If Renovation of an existing building:
Total Sq. Ft. of Building: _____ Total Sq. Ft. of Renovation Section: _____ Number of Stories: _____
- If New construction:
Total Sq. Ft. of the proposed Building: _____ Number of Stories: _____
- Applicant is: Owner Tenant
- Name of General Contractor: _____

Eligibility

- No demolition work (except incidental non-load bearing interior work) True False
- Applicant is the owner or tenant of the property True False
- No past, pending or planned bankruptcy or judgement for unpaid taxes against the applicant or any officer, partner, member or owner of the applicant individually within the past 5 years True False

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|--|---|--|
| 21. No locations or operations in Alaska, Colorado, Louisiana or West Virginia | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 22. Applicant is not a government entity | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 23. The project has not already commenced (other than site preparations or demolition prior to the inception date of the policy) | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 24. The project does not include the underpinning or shoring of adjacent buildings or structures | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 25. The project does not have a planned duration in excess of 12 months | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 26. If applicant is owner of the property being renovated, the building is 100% vacant | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> True <input type="checkbox"/> False |
| 27. If tenant of property, applicant will not be conducting operations prior to completion of the project | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> True <input type="checkbox"/> False |
| 28. Building is not currently damaged (fire or otherwise) | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 29. The building is locked and secured from any unauthorized entry when work is not taking place | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 30. One General Contractor is being hired to handle the project | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 31. Applicant is the entity entering into the written contract with the General Contractor | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 32. The General Contractor is required to carry its own insurance at a minimum of \$1,000,000 per occurrence and \$2,000,000 General Aggregate | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 33. The General Contractor is required to name the applicant (as well as any Additional Insureds for this policy) as an Additional Insured on their policy | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 34. The applicant will maintain current certificates of insurance from the General Contractor confirming their status as additional insured along with any other additional insured requested by the applicant | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 35. No more than \$5,000,000 project cost | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 36. Exterior operations up to a maximum of 4 stories or 50 feet from grade level | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> True <input type="checkbox"/> False |
| 37. The applicant (or their employees/volunteers) will not perform any of the direct labor | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 38. No adding of stories to existing structures | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 39. No blasting operations | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 40. No more than 1000 acres at any location | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 41. No construction, installation or removal of underground tanks (except residential fuel oil tanks) | <input type="checkbox"/> True | <input type="checkbox"/> False |
| 42. The project is not a tract housing project | <input type="checkbox"/> True | <input type="checkbox"/> False |

Additional Eligibility Information

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|---|-------------------------------|--------------------------------|
| 43. No other exposures are contemplated other than the information stated in item #12 | <input type="checkbox"/> True | <input type="checkbox"/> False |
|---|-------------------------------|--------------------------------|
- If "False" please explain _____
- _____
- _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

District of Columbia Fraud Statement: WARNING: 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.

Florida Fraud Statement: 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 of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature _____ Date _____
(Owner or Officer)

Broker's Signature _____ Date _____
Address _____

Some states require that we have the Name and Address of your (insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____
Address _____

Mail Completed Application Through Local Agent or Broker to:
