

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Owners and Contractors Protective Liability Application
		Manufacturers & Contractors Division Email to MC@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage. 3. Please read the statements at the end of this application carefully. Thank you! 		Environmental Division Email to EV@jamesriverins.com or, Fax to 804-420-1054

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY APPLICATION

ATTACH COPIES OF CONTRACTS BETWEEN YOU AND THE INSURED AS WELL AS COPIES OF CONTRACTS BETWEEN YOU AND YOUR SUBCONTRACTORS.

1. Named Insured (Not Contractor):

a. Address:

2. Name of Contractor:

a. Address:

3.

Limits of Liability requested:
 (Not to be higher than the General Liability Policy)

Occurrence

Aggregate

PROJECT INFORMATION

1. Project/Contract #:

Name:

2. Location of project:

3. Contract start date:

Completion date:

4. Total cost of project/contract:

5. Describe in detail all work to be done:

6. Does this project involve any of the following? Explain in detail any YES answers.

- At, on or near a land fill site

YES NO

- Blasting

YES NO

- Drilling

YES NO

- Scaffolding YES NO
- Storing of flammable gases, liquids and/or explosives YES NO
- Synthetic Stucco YES NO
- Watercraft/Aircraft YES NO

7. What is the surrounding property exposure?
8. Potential third party exposures to other contractors and/or the public?
9. Explain jobsite safety practices in place for this project.

CONTRACTOR INFORMATION:

1. Years in business:
 2. Current Commercial General Liability coverage:
 - a. Policy number: _____
 - b. Limits of Insurance: _____
 - c. Insurance Company: _____
 - d. Effective date: _____ Expiration Date: _____
 3. Provide details of any subcontractors that will be hired and the % of the contract that is subcontracted to them:
 4. Have you or any of your subcontractors ever been named in a construction defect suit?
YES NO
- If YES give details:
5. List additional Insureds names and addresses:

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: