



Blackmoor General Insurance Agency
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**OWNERS & CONTRACTORS PROTECTIVE LIABILITY
 SUPPLEMENTAL APPLICATION**

APPLICANT INFORMATION

EFFECTIVE DATE: _____

1. NAME: _____
 STREET ADDRESS: _____
 CITY, STATE, ZIP: _____
 TELEPHONE: _____ WEBSITE: _____
 TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO

2. NATURE & TYPE OF JOB (NEW, REMODEL, ETC.): _____

3. LOCATION OF JOB: _____

4. MULTIPLE LOCATIONS TO BE COVERED? YES NO

5. TERM DESIRED: 3 MONTHS 6 MONTHS 12 MONTHS

6. COST OF JOB: \$ _____ INTENDED COMPLETION DATE: _____

7. DESIGNATED CONTRACTOR:
 NAME: _____
 ADDRESS: _____

8. GENERAL CONTRACTORS COVERAGE INFORMATION:
 CARRIER _____ POLICY NUMBER _____
 LIMITS _____

9. IS PREMISES OWNER NAMED AS ADDITIONAL INSURED BY GENERAL CONTRACTOR? YES NO

10. BUILDING MATERIALS: _____ WALLS _____ ROOFS _____ FLOORS

11. INTENDED OCCUPANT _____ NO. OF STORIES _____ DIMENSIONS _____

12. IS PROPERTY FENCED? YES NO IS PROPERTY LIGHTED? YES NO

13. IS THERE AN OUTSIDE PATROL SERVED OR WATCHMAN? YES NO

14. ANY RIGGING REQUIRED? YES NO

DESCRIBE HOISTING/LOWERING OPERATIONS; INDICATE MAXIMUM VALUES RIGGED AND WHO WILL PERFORM

15. WILL JOB REQUIRE ANY WORK FOR:
 UTILITIES YES NO STEETS/ROADS/TRAFFIC YES NO
 SEWERS YES NO BRIDGES/TUNNELS YES NO
 GOVERNMENT FACILITIES YES NO YES NO

16. APPLICANT SIGNATURE: _____ DATE: _____

17. PRODUCER NAME: _____
 ADDRESS: _____