



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

1. Applicant name: _____
2. Form of business: Individual Corporation Partnership LLC Other _____
3. Mailing address: _____
City: _____ State: _____ Zip code: _____
4. Inspection contact name: _____ Phone number/E-mail address: _____
5. Policy term: Three months Six months Nine months Annual
6. Limits desired: \$100,000/\$200,000 \$300,000/\$600,000
 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
7. Please advise all entities requested to be added as an additional insured on this policy: Not applicable

Complete Name	Address	Interest

8. Loss history (five years):

Details of Project

9. Project location/address: _____
10. Estimated start date: _____ Estimated completion date: _____
11. Type of project: Residential New construction Renovation of existing building
 Commercial New construction Renovation of existing building
12. Complete details of project: _____

13. Cost of labor: \$ _____ Cost of materials: \$ _____ Total cost of project: \$ _____
14. If renovation of an existing building:
Total sq. ft. of building: _____ Total sq. ft. of renovation section: _____ Number of stories: _____
15. If new construction:
Total sq. ft. of the proposed building: _____ Number of stories: _____
16. Applicant is: Owner Tenant
17. Name of general contractor: _____

Eligibility

18. No demolition work (except incidental non-load bearing interior work) True False
19. Applicant is the owner or tenant of the property True False
20. 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 five years True False

21. Coverage has not been cancelled or non-renewed in the last three years for any reason other than the building being vacant (not applicable in Missouri) True False
 If False, advise reason _____
22. No locations or operations in Alaska, Colorado, Louisiana or West Virginia True False
23. Applicant is not a government entity True False
24. The project has not already commenced (other than site preparations or demolition prior to the inception date of the policy) True False
25. The project does not include the underpinning or shoring of adjacent buildings or structures True False
26. The project does not have a planned duration in excess of 12 months True False
27. If applicant is owner of the property being renovated, the building is 100% vacant Not Applicable True False
28. If tenant of property, applicant will not be conducting operations prior to completion of the project Not Applicable True False
29. Building is not currently damaged (fire or otherwise) True False
30. The building is locked and secured from any unauthorized entry when work is not taking place True False
31. One general contractor is being hired to handle the project True False
32. Applicant is the entity entering into the written contract with the general contractor True False
33. 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 True False
34. 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 True False
35. 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 True False
36. No more than \$5,000,000 project cost True False
37. Exterior operations up to a maximum of 4 stories or 50 feet from grade level Not Applicable True False
38. The applicant (or their employees/volunteers) will not perform any of the direct labor True False
39. No adding of stories to existing structures True False
40. No blasting operations True False
41. No more than 1,000 acres at any location True False
42. No construction, installation or removal of underground tanks (except residential fuel oil tanks) True False
43. The project is not a tract housing* project True False
 *Single family homes or 2-4 family dwellings with more than 5 structures at any single location
44. No swimming pools True False

Property/Builder's Risk

Is property coverage requested (If yes, please complete the following)

Yes

No

Construction: Fire resistive/Modified fire resistive Masonry noncombustible Noncombustible Joisted masonry Frame
 Protection class _____

Requested cause of loss: Basic Special

Requested valuation: Replacement Cost Actual Cash Value

Deductible: \$1,000 \$2,500 \$5,000

Coinsurance: 80% 90% 100%

What year was the building constructed? _____

Age of roof _____ Roof type: Flat Wood shake Shingle Metal Tile Slate Other _____

Plumbing type: PVC Copper Lead Galvanized Other _____

If renovation of an existing building, what is the existing building value? _____

Is the building sprinklered? Not at all Partially Fully

If sprinklered, will the system be operational during construction/renovations? Yes No

45. Will any work be done to the structural load bearing members of the existing building? Yes No
46. Have any tenants been evicted from the property in the past 60 days? Yes No
47. Is project on filled land or does any demolition need to be done prior to construction? Yes No
48. Does the project include any large open atriums equaling three stories or more? Yes No
49. Does the project include any tandem crane lifts, high values being lifted by a single crane, underground or waterborne exposures? Yes No
50. Does the project include any lift- slab or tilt- up construction methods? Yes No
51. Does the scope of the project include work on airport hangers, antennas, barns, bridges, dams, tunnels, inflatable or bubble buildings, greenhouses, silos, mobile homes, waste water treatment plants, chemical/ petroleum/energy/co-generation facilities, tanks, radio, TV or communication towers, signs, underground or waterborne exposures, warehouse or distribution centers over 100,000 square feet? Yes No
52. Is the construction site protected with a locked fence? Yes No
53. Is a watchman on premises 24 hours per day? Yes No

Additional eligibility information

54. No other exposures are contemplated other than the information stated in item #12 True False

If "False," please explain _____

FRAUD STATEMENTS

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

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.

Florida Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

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 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. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

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

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 Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extended reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

North Dakota Fraud Statement: Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

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.

Ohio Notice: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

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.

Oregon Fraud Statement: Notice to Oregon applicants: 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 may be guilty of insurance fraud.

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.

Utah Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

Vermont Fraud Statement: 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 subject to fines and confinement in prison.

Virginia Notice: This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. 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.

Virginia Fraud Statement: Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah 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.

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.

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 is guilty of a crime and may be subject to fines and confinement in prison. If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License#: _____

Agent's signature: _____ Main agency phone number _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this application 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 and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company from relying on any statement in this application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the Company to issue a policy. It is understood the Company is relying on this 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 it will be attached and become a part of the policy.

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.

Signature: _____

(Principal, Partner, or Officer of the Firm)

Title: _____

Date: _____