

Owner's / Tenant Protective Questionnaire
Note: Products/Completed Operations Will Be Excluded

Applicant: _____

Mailing Address: _____

Inspection Contact: _____ Phone Number: _____

Web Address: _____ Email address: _____

Policy Term: 3 months 6 months 9 months Annual

Has coverage been cancelled or non-renewed in the last 3 years? Yes No

If Yes, please provide complete details. _____

Loss information for the past 3 years: _____ None or provide details below

Additional Insured - Please advise all entities requesting to be added as Additional Insureds. Not Applicable

Proposed Effective Dates: _____ to _____

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 work: Total Sq. Ft. of Building: _____ Total Sq. Ft. of Renovation Section: _____
 Total Number of Stories: _____

Eligibility

1. Applicant is: Owner Tenant Other _____
2. Has the applicant incurred any losses in the past 3 years with regards to owning/developing properties? Yes No
3. Is the total property greater than 10 acres? Yes No If so, how big? _____
4. If renovation work, is the building currently damaged (fire or otherwise) N/A Yes No
5. If the owner of the property being renovated, is building completely vacant? N/A Yes No
6. If the tenant, will business operations be conducted prior to the completion of the project? N/A Yes No
7. Is the total project cost over \$3,000,000? Yes No
8. Has the project already commenced? (other than site preparation) Yes No
9. Will the applicant or their employees/volunteers be performing any direct labor? Yes No
10. Does the project involve any addition of stories to existing structures? Yes No
11. Will the project involve the demolition of load bearing walls, buildings or structures? Yes No
12. Any blasting operations planned or scheduled? Yes No
13. Any construction, installation or renovation involving underground tanks? Yes No
14. Any exterior renovation work in excess of 3 stories or will new construction be in excess of these stories? Yes No
15. Is this project for a governmental authority? Yes No
16. Will the project involve underpinning or shoring of any adjacent buildings or be within 5 feet of any walls or foundations? Yes No
17. Is the applicant hiring one General Contractor to handle the entire project? Yes No
18. Name of General Contractor _____
19. Is the applicant the entity that is entering into a written contract with the General Contractor? Yes No
20. Is the General Contractor required to carry insurance at a minimum of \$1,000,000 per occurrence? Yes No
21. Is the General Contractor required to name the applicant as an Additional Insured on their policies? Yes No
22. Are current certificates of insurance maintained to confirm status as Additional Insured? Yes No
23. Are current certificates of insurance maintained to confirm status of any Additional Insured(s) listed in Question 8 Additional Insureds? N/A Yes No

Signature

Date