

**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