



**OWNERS AND CONTRACTORS PROTECTIVE  
LIABILITY APPLICATION**

**APPLICANT INFORMATION**

<b>NAME:</b>	
<b>MAILING ADDRESS:</b>	
<b>PROPOSED EFF DATE:</b>	<b>WEBSITE:</b>
<b>FROM:</b>	<b>TO:</b>
<b>FORM OF BUSINESS:</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	<b>YEARS IN BUSINESS</b>

**PREMISES INFORMATION**

LOC#	BLD#	STREET, CITY, STATE, ZIP CODE	INTEREST	YR BUILT	PART OCCUPIED

**DESCRIPTION OF OPERATIONS BY PREMISE(S)**

**PRIOR CARRIER INFORMATION**

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER				
POLICY NUMBER				
POLICY TYPE	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.	<input type="checkbox"/> Claim Made <input type="checkbox"/> Occ.
RETRO DATE	/ /	/ /	/ /	/ /



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**PRIOR CARRIER INFORMATION continued**

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
GENERAL LIABILITY LIMITS				
PROFESSIONAL LIMITS				
E & O LIMITS				
TOTAL PREMIUM				

**LOSS HISTORY**

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS

CHECK HERE IF NONE       SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN/ CLOSED

**COVERAGES**

**LIMITS**

<input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retroactive Date:	<b>GENERAL LIABILITY</b>
	Each Occurrence Limit \$
<input type="checkbox"/> <b>PROFESSIONAL LIABILITY</b> <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retroactive Date:	Damage To Premises Rented To You Limit \$
	Medical Expense Limit \$
	Personal and Advertising Injury Limit \$
<b>DEDUCTIBLE - PER CLAIM</b> General Liability (PD & BI) \$ Errors and Omissions * \$ * Minimum \$1,000 under program	General Aggregate Limit \$
	Products/Completed Operation Aggregate Limit \$
	<b>ERRORS OR OMISSIONS</b>
	Each Claim \$
Other Coverages	



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**SCHEDULE OF HAZARDS**

Location #	Classification	Class Code	Premium Basis	Terr

**GENERAL INFORMATION**

Explain all "YES answers"	YES	NO
1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a formal safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any exposure to flammables, explosives or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does work involve the use of Exterior Insulation and Finishing Systems (synthetic stucco)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does work consist of demolition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any work to be performed on a known landfill or wet land site?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any asbestos or lead abatement work performed?	<input type="checkbox"/>	<input type="checkbox"/>
10. Duration of operations		
11. Cost of all work to be performed		
12. Previous OCP policy(ies) through General Star? If so, provide policy number(s)		
13. Describe applicant's process for obtaining and maintaining certificates of insurance.		



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14. Has contractor ever been named in a construction defect suit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details
Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Producer Code: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Signing this application does not bind the applicant or the company to complete the insurance.**



**Delaware Valley Underwriting Agency, Inc.**

**ADDENDUM TO APPLICATION**

Insured's/Applicant's Name: \_\_\_\_\_

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

**APPLICABLE IN THE STATE OF PENNSYLVANIA:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

**APPLICABLE IN THE STATE OF NEW YORK:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

**APPLICABLE IN ALL OTHER STATES:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

**I have read and accept the above (To be signed by the Insured/Applicant)**

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Insured/Applicant Signature

Date