

# QUAKER SPECIAL RISK

## APPLICATION FOR OWNERS AND CONTRACTORS PROTECTIVE LIABILITY

Proposed Policy Term: \_\_\_\_\_

1. NAME OF INSURED/OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. NAME OF DESIGNATED CONTRACTOR: \_\_\_\_\_

General Contractor \_\_\_\_\_ General Manager \_\_\_\_\_ Subcontractor \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. DESCRIPTION OF COVERED PROJECT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CONTACT / PROJECT NO.: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### CHECK IF APPLICABLE & EXPLAIN

Watercraft / Aircraft Exposure \_\_\_\_\_

Storing of inflammable gases, liquids, or explosives \_\_\_\_\_

Hazardous waste removal or installation \_\_\_\_\_

Drilling \_\_\_\_\_

Blasting \_\_\_\_\_

Scaffolding \_\_\_\_\_

Tunneling \_\_\_\_\_

Work in Tunnels \_\_\_\_\_

Surrounding property damage exposure \_\_\_\_\_

Potential third party bodily injury exposure \_\_\_\_\_

Jobsite safety precautions \_\_\_\_\_

\_\_\_\_\_

4. LIMITS OF COVERAGE:

OCCURRENCE LIMIT \_\_\_\_\_

AGGREGATE LIMIT \_\_\_\_\_

5. COMPLETED CONTRACT PRICE: \_\_\_\_\_

6. TERMS OF CONTRACT (Outlined in Job Specifications)

A. Proposed Starting Date \_\_\_\_\_

B. Completion Date \_\_\_\_\_ (indicate none if not shown in job description)

7. TYPE OF SUBCONTRACTORS AND PERCENT SUBCONTRACTED

A. \_\_\_\_\_ %

B. \_\_\_\_\_ %

C. \_\_\_\_\_ %

\_\_\_\_\_ % Total Subcontracted

8. WILL ANY WORK INVOLVE BRIDGES OR OVERPASSES? \_\_\_\_\_

IF YES, a) Span length of bridge or overpass \_\_\_\_\_

b) Height of bridge or overpass \_\_\_\_\_

9. WILL THE CONTRACT REQUIRE ANY EXTERIOR WORK OVER 6 STORIES? \_\_\_\_\_

IF YES, Please describe \_\_\_\_\_

Maximum exterior height of work \_\_\_\_\_

10. WILL THE CONTRACT REQUIRE ANY BELOW GRADE WORK GREATER THAN 5 FEET? \_\_\_\_\_

IF YES, Please describe \_\_\_\_\_

Maximum depth in feet of any below grade work \_\_\_\_\_

11. INSURANCE PROGRAM

A. CONTRACTOR PRIMARY EXCESS / UMBRELLA

GL LIMITS:

TERM:

CARRIER:

WC/EL LIMITS:

TERM:

CARRIER:

If coverage is written, certificates of insurance will be required

B. SUBCONTRACTOR(s)                      PRIMARY                      EXCESS / UMBRELLA

GL LIMITS:

TERM:

CARRIER:

WC/EL LIMITS:

TERM:

CARRIER:

If coverage is written, certificates of insurance will be required

12. ATTACH THE FULL CONTRACT INCLUDING INDEMNIFICATION AGREEMENT BETWEEN THE OWNER AND THE CONTRACTOR.

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The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date