



OWNERS AND CONTRACTORS PROTECTIVE LIABILITY APPLICATION

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

GENERAL INFORMATION

1. Proposed OCP Named Insured:	Today's Date				
2. Mailing Address	Street	City	County	State	ZIP Code
3. Telephone:	Web Address:				
4. OCP Insured is:	<input type="checkbox"/> Project Owner <input type="checkbox"/> General Contractor <input type="checkbox"/> Construction Manager <input type="checkbox"/> Other (specify):				
5. Is there common ownership between the Contractor and OCP Named Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
6. Name of Contractor:					
7. Mailing Address	Street	City	County	State	ZIP Code
8. Telephone:	Web Address:				
9. Contractor is:	<input type="checkbox"/> General Contractor <input type="checkbox"/> Construction Manager <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-Contractor				
10. Proposed Effective Date: From:	To:				
11. Years' Experience:					
12. Is Contractor licensed and bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

PROJECT INFORMATION

1. Provide details of project:	
2. Project State:	Project Number:
3. Does the project include any of the following? Check if applicable. *Ineligible Operations	
<input type="checkbox"/> Airport Runways/Hangars*	<input type="checkbox"/> Landfill*
<input type="checkbox"/> Asbestos/Lead Abatement*	<input type="checkbox"/> Medical and/or Industrial Life Support*
<input type="checkbox"/> Ball and Chain Demolition	<input type="checkbox"/> Nuclear*
<input type="checkbox"/> Blasting*	<input type="checkbox"/> Pile Driving*
<input type="checkbox"/> Boiler Work (Specify Stamp)	<input type="checkbox"/> Power Plants*
<input type="checkbox"/> Bridge Construction*	<input type="checkbox"/> Railroad*
<input type="checkbox"/> Chemical Pipelines/Plumbing*	<input type="checkbox"/> Refineries/Oil or Gas Fields/Pipelines*
<input type="checkbox"/> Chemical Storage*	<input type="checkbox"/> Remediation Work*
<input type="checkbox"/> Cleanroom Work	<input type="checkbox"/> Scaffolding (over 3 stories)
<input type="checkbox"/> Cofferdam or Caisson Work*	<input type="checkbox"/> Seismic Retrofitting*
<input type="checkbox"/> Condominium or Townhouse Construction/Conversion	<input type="checkbox"/> Shoring/Underpinning*
<input type="checkbox"/> Crane Work	<input type="checkbox"/> Tank Construction/Repair*
<input type="checkbox"/> Dams/Reservoirs*	<input type="checkbox"/> Tower Construction
<input type="checkbox"/> Demolition exceeding three stories (36 feet)	<input type="checkbox"/> Tower Deconstruction
<input type="checkbox"/> EIFS (Exterior Insulation and Finish System)*	<input type="checkbox"/> Tunnel Construction*
<input type="checkbox"/> DEFS (Direct Applied Exterior Finish System)*	<input type="checkbox"/> Underground Construction
<input type="checkbox"/> Fuel Pipelines/Plumbing*	<input type="checkbox"/> USL&H*
<input type="checkbox"/> Fuel Storage Tank Construction/Repair*	<input type="checkbox"/> Watercraft*
<input type="checkbox"/> Hazardous Waste Removal*	<input type="checkbox"/> Waterproofing*
<input type="checkbox"/> House Jacking or Lifting	

If checked, describe the work or operations in detail:

4. Describe risk management and safety controls:

5. Terms of Contract

Bid Date:

Proposed Starting Date:

Job Term (months):

Completion Date:

(Indicate none if not shown in job specifications)

LIMITS/COVERAGES

1. Limits of coverage desired: Each Occurrence Limit: \$

Aggregate Limit: \$

2. Total cost of construction: \$

3. Are subcontractors being hired to complete any portion of work for the project? Yes No If yes:

a. Does the Contractor require evident that subcontractors name the insured as Additional Insured for:

(1) Ongoing Operations? Yes No

(2) Completed Operations? Yes No

b. Are subcontractors required to waive their right to subrogate against the contractor as well as the insured?

Yes No

c. Limits subcontractors are required to secure and maintain: \$ Occ. / \$ Agg.

4. Contractor's General Liability Program

General Liability Carrier:

GL Policy No.

GL Limit: \$

Term:

5. Have there been any losses, claims or suits against the Contractor in the past 5 years? Yes No

If yes, provide full details:

6. Umbrella/Excess Carrier:

Umbrella Policy No.

Umbrella Limit: \$

Term:

7. Additional Insureds:

Mortgagee, Assignee, Successor or Receiver

Name of mortgagee:

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS

ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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, and denial of insurance benefits.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
