



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

OWNERS/CONTRACTORS PROTECTIVE LIABILITY APPLICATION

Name of Applicant/Owner: \_\_\_\_\_
Mailing Address: \_\_\_\_\_

Agent Name: \_\_\_\_\_
Mailing Address: \_\_\_\_\_

PROPOSED EFFECTIVE DATE

From \_\_\_\_\_ To \_\_\_\_\_

12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

1. Name of Designated Contractor: \_\_\_\_\_

Check all that applies: [ ] General Contractor [ ] General Manager [ ] Managing Agent

Mailing Address: \_\_\_\_\_

2. Description of Covered Project: \_\_\_\_\_

\_\_\_\_\_

Contract/Project No.: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

If applicable, explain:

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

Storing of Inflammable gases, liquids and explosives: \_\_\_\_\_

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

Drilling: \_\_\_\_\_

Blasting: \_\_\_\_\_

Scaffolding: \_\_\_\_\_

\*Surrounding property damage exposure: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Job site safety precautions: \_\_\_\_\_

\_\_\_\_\_

\*Must be answered.

3. Limits of Coverage:

Aggregate Limit: \_\_\_\_\_

Occurrence Limit: \_\_\_\_\_

4. **Completed Contract Price:** \_\_\_\_\_

5. **Terms of Contract** (Outlined in Job Specifications):

Proposed Starting Date: \_\_\_\_\_

Job term in Calendar Days: \_\_\_\_\_ Working Days: \_\_\_\_\_

Completion Date (indicate none if not shown in job specifications): \_\_\_\_\_

Penalties for failure to complete job on time: \_\_\_\_\_

\_\_\_\_\_

6. **Type of Subcontractors and Percent Subcontracted:**

a. \_\_\_\_\_ %

b. \_\_\_\_\_ %

c. \_\_\_\_\_ %

d. \_\_\_\_\_ %

e. \_\_\_\_\_ %

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

7. **Details of Any Hold Harmless Agreements:**

a. Between Contractor and Subcontractors: \_\_\_\_\_

\_\_\_\_\_

b. Between Contractor and Applicant: \_\_\_\_\_

\_\_\_\_\_

8. **General Liability Program:**

a. Contractor Primary Excess/Umbrella

Limits: \_\_\_\_\_

Term: \_\_\_\_\_

Carrier: \_\_\_\_\_

If coverage is written, certificates of insurance will be required.

b. Subcontractor(s) Primary Excess/Umbrella

Limits: \_\_\_\_\_

Term: \_\_\_\_\_

Carrier: \_\_\_\_\_

**ATTACH ANY CONTRACT OR INDEMNIFICATION AGREEMENT BETWEEN OWNER AND CONTRACTOR.**

**FRAUD WARNINGS:**

**NOTICE TO NEW YORK APPLICANTS:** 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 shall be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for the violation.

**FRAUD WARNING:** Any person who knowingly and with the 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Officer/Director/Partner or Owner)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Producer: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Agent's License Number: \_\_\_\_\_  
(Applicable to Florida agents only.)

Iowa Licensed Agent (If applicable): \_\_\_\_\_