

## OWNERS CONTRACTORS PROTECTIVE APPLICATION

Dependent upon state authority, you are applying for insurance coverage provided by and underwritten by one of the following insurance companies of ARGO GROUP US:

COLONY INSURANCE COMPANY   ▪   COLONY SPECIALTY INSURANCE COMPANY

1. Insured/Project Owner: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Contractor: \_\_\_\_\_
4. Project Name: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Description of Project: \_\_\_\_\_
7. Total Project Cost: \$ \_\_\_\_\_
8. OCP Limits Desired:    1M/2M       2M/2M       2M/3M       3M/3M  
                               4M/4M       5M/5M       6M/6M
9. Proposed Start Date: \_\_\_\_\_       TBD  
Proposed Finish Date: \_\_\_\_\_       TBD
10. How is the Contractor insuring the project? (select one):       Project Specific       Annual Policy
11. Is Contractor's carrier Best rating A- VI or greater?       Yes    No
12. Are GC limits greater than or equal to the OCP limits requested?       Yes    No  
If No, please indicate GC limits \_\_\_\_\_
13. Is the owner an Additional Insured with Waiver of Subrogation on the GC's policy?       Yes    No  
**Copy of Certificate of Insurance with Additional Insured Status and Waiver of Subrogation is required and must be received within 30 days of binding.**
14. Is Loss History for the Contractor's policy available? If yes, please attach.       Yes    No
15. Identify any of the following exposures:
  - Any New York construction operation
  - Any work in airports
  - Any work in refineries and/or power plants
  - Any work where latent exposure remediation (mold, lead, asbestos, silica) is more than 25% of total job costs
  - Blasting
  - Bridge construction
  - Railroad work
  - Underground construction such as tunneling, subways, mines, etc.
  - USL&H
16. Jobsite Safeguards:
  - Fenced
  - Lighted
  - Guarded 24 hours
  - Other – Please describe: \_\_\_\_\_

**GENERAL FRAUD STATEMENT (Not applicable in all states.)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\_\_\_\_\_  
Applicant's Printed Name & Title

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE: If this Application is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this Application is completed in Iowa, please provide the Insurance Agent's name only. If this Application is completed in New Hampshire, please provide the Insurance Agent's signature.**

PRODUCER (Insurance Agent or Broker)	INSURANCE AGENCY OR BROKERAGE
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT OR BROKER LICENSE NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	
E-MAIL ADDRESS OF AGENT OR BROKER	
INSURANCE AGENT'S SIGNATURE	DATE