



# ESSEX INSURANCE COMPANY

P.O. Box 2010 Glen Allen, Virginia 23058-2010 • 804-273-1400 Fax: 804-273-1435

## Owners and Contractors Protective Liability Supplemental Application (To be completed in addition to the Acord Applications)

1. Name of the Insured: \_\_\_\_\_
  
2. Exact Address of the Project: \_\_\_\_\_
  
3. Describe exactly what is being done and/or built. Be sure to include the number of buildings being erected, number of stories and the corresponding square footage of the buildings. (For example, if town homes: How many units, buildings, etc. If renovation only, describe in detail the type of renovation – interior, exterior): \_\_\_\_\_
  
4. Total number of acres at this project to include any wetland/conservation area and acres that are not to be developed: \_\_\_\_\_
  
5. Are there any water exposures such as lakes, ponds etc.?:  No  Yes
  - a. If yes, enter type: \_\_\_\_\_
  - b. Size: \_\_\_\_\_
  - c. Owned by Insured?:  No  Yes
  
6. Is land being subdivided?  No  Yes
  - a. If Yes, into how many lots?: \_\_\_\_\_
  
7. Describe buildings currently on the land: \_\_\_\_\_
  - a. Will they be demolished?:  No  Yes
  
8. Is the Insured involved in the construction of any buildings?:  No  Yes
  - a. If Yes, enter the number of buildings: \_\_\_\_\_
  - b. Number of stories: \_\_\_\_\_
  - c. Square Footage: \_\_\_\_\_
  
9. Any pools being installed?:  No  Yes, please describe: \_\_\_\_\_
  
10. How long will the project take?: \_\_\_\_\_

11. What date will the project begin?: \_\_\_\_\_

12. If the project has already begun, please answer the following:

a. What has been completed?: \_\_\_\_\_

b. What still needs to be completed?: \_\_\_\_\_

13. Total cost of this project: \_\_\_\_\_

14. Receipts to be generated from the project: \_\_\_\_\_

15. Percent of work subcontracted: \_\_\_\_\_

16. Who is the General Contractor (GC)?: \_\_\_\_\_

17. What are the GC's limits (Must not be less than Insured's)?: \_\_\_\_\_

18. Will the Insured be added as AI on the GC's policy? (This is a must):  No  Yes

★ ***We must have a copy of the GC's Certificate of Insurance, with the Insured added as an Additional Insured, to offer a firm quote.***

★ ***All policies are 100% earned.***

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_