



United States Liability Insurance Group Owner's/Tenants Protective

APPLICATION

Please complete all sections of this application and have signed by the applicant.

Named Insured: _____

Mailing Address: _____

Inspection Contact: _____
Phone Number: _____

Limits Desired: \$100,000/\$200,000 \$300,000/\$600,000
 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Note: Products/Completed Operations will be excluded

Proposed Effective Dates: _____ to _____

Details of Project

Project Location/Address: _____

Estimated Start Date: _____ Estimated Completion Date: _____
Type of Project: Residential - New construction Renovation of existing building
 Commercial - New construction Renovation of existing building

Complete Details of Project: _____

Cost of Labor: \$ _____ Cost of Materials: \$ _____ Total Cost of Project: \$ _____
If Renovation work: Total Sq. Ft. of Building: _____ Total Sq. Ft. of Renovation Section: _____
Total Number of Stories: _____

Eligibility

Applicant

1. Applicant is: Owner Tenant Other _____
2. Has the applicant incurred any losses in the past 3 years with regards to owning/developing properties? Yes No

Location

3. Is the total property greater than 10 acres? Yes No
4. If the owner of the property being renovated, is building completely vacant? N/A Yes No
5. If the tenant, will business operations be conducted prior to the completion of the project? N/A Yes No

Project Parameters

6. Is the total project cost over \$3,000,000? Yes No
7. Has the project already commenced? Yes No
8. Will the applicant or their employees/volunteers be performing any direct labor? Yes No
9. Does the project involve any additions of stories to existing structures? Yes No
10. Is this a demolition project? Yes No
11. Any blasting operations planned or scheduled? Yes No
12. Is there any exterior work in excess of 3 stories? Yes No

Contractor Requirements

13. Is the applicant hiring a General Contractor to handle the entire project? Yes No
14. Is the applicant the entity that is entering into the contract with the General Contractor? Yes No
15. Is the General Contractor required to carry insurance at a minimum of \$1,000,000 per occurrence? Yes No
16. Is the General Contractor required to name the applicant as an Additional Insured on their policies? Yes No
17. Are current certificates of insurance maintained to confirm status as Additional Insured? Yes No

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____
ADDRESS _____

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent.

Signature of Applicant* _____ Title _____ Date _____
(Must be Owner, Officer or Partner) (Required) (Required)

*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED