



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: _____