

OWNERS OR CONTRACTORS PROTECTIVE LIABILITY APPLICATION

1. Name of Applicant/Owner: _____
Mailing Address: _____
Entity Type: Individual Corporation Partnership Other: _____
Contract or Project No.: _____

2. Name of Designated Contractor: _____
Mailing Address: _____
Contractor Type: General Contractor Construction Manager Other: _____

3. Description of Covered Project: _____

Number of Stories: _____ (if applicable)

4. Location of Project: _____

5. Limits of Coverage Required: Per Occurrence Limit: \$ _____
Aggregate Limit: \$ _____

6. Completed Contract Price: _____

7. Terms of Contract: (outlined in job specifications)
a. Proposed starting date: _____
b. Job term: _____ (specify whether days or months)
c. Penalties for failure to complete job on time: _____

8. Surrounding property damage exposure: _____

9. Potential third party bodily injury exposure: _____

10. Job site safety precautions: _____

11. Check if applicable and explain:

_____ Watercraft/aircraft exposure _____

_____ Storing of inflammable gases, liquids and explosives _____

_____ Hazardous waste removal or installation _____

_____ Drilling _____

_____ Blasting _____

_____ Scaffolding _____

_____ Crane Work _____

12. Type of subcontractors and percent subcontracted:

a. _____ % subcontracted

b. _____ % subcontracted

c. _____ % subcontracted

d. _____ % subcontracted

_____ % Total subcontracted

13. Details of any hold harmless agreements:

a. between contractors and subcontractors: _____

b. _____ between contractor and Applicant/Owner: _____

The applicant represents that the answers given with respect to the foregoing questions are true, with no misrepresentations, omissions or other concealment of fact. Further, it is agreed that the completion of this application does not obligate the Applicant to purchase insurance nor bind Freberg Environmental, Inc. to effect insurance.

SIGNED

TITLE

DATE