

## MUSIC Owner's and Contractor's Protective Application

Applicant's Name \_\_\_\_\_

Agent Name \_\_\_\_\_

DBA \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Proposed Effective Date:

Web Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

(12:01 am Standard Time at the address of the Applicant)

Years of Experience \_\_\_\_\_ years

The Applicant is:

Corporation  Partnership

Years doing business under current name \_\_\_\_\_ years

LLC  Joint Partnership

Individual  Estate

### Limits of Liability Requested

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

### Project Location

Address	City	State	Zip Code

Description of Project \_\_\_\_\_

### Contractor's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

## MUSIC Owner's and Contractor's Protective Application

---

Anticipated Start Date \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

# MUSIC Owner's and Contractor's Protective Application

## Contractor's Coverage Information

Does the contractor doing the work for the applicant have Primary Liability Insurance, Workers Compensation Insurance, and Excess/Umbrella Insurance with limits equal to those requested for this policy in place for the entire proposed duration of this policy?  Yes  No

Full Contract Cost \$ \_\_\_\_\_

- Is applicant named as additional insured on contractor's policy?  Yes  No
- Does contractor collect certificates of insurance showing equal limits from all subcontractors?  Yes  No
- Are there any projects already in progress?  Yes  No
- Does project exceed four stories in height?  Yes  No
- Is there any airport, bridge, or major interstate road projects?  Yes  No
- Is the property fenced?  Yes  No
- Is the property properly lit?  Yes  No
- Is there security guarding the property?  Yes  No
- Will utility lines need to be moved or disturbed in any way?  Yes  No
- Will the utilities in the construction area be properly identified?  Yes  No
- What is surrounding the project area? \_\_\_\_\_

Does the project involve any blasting, demolition, LPG work, Asbestos/mold/lead abatement, environmental cleanup, airport construction, elevator or escalator work, EIFS work, work on tunnels, dams, reservoirs, jetty's, breakwater, piers, docks or wharfs?  Yes  No

## Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

## Applicant's Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

## MUSIC Owner's and Contractor's Protective Application

### Hired Contractor's Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Agents Signature \_\_\_\_\_ Date \_\_\_\_\_