

Metcom Excess
OWNERS AND CONTRACTORS
PROTECTIVE LIABILITY
SUPPLEMENTAL APPLICATION

General Agent Name
Address: _____

Phone: _____
Fax: _____

Date: _____

APPLICATION INFORMATION

Contractor Name & address:

Contractor's Years in Biz: _____ Contractor's Years of Experience: _____

Describe any losses: _____

Job Information:

Job Description (include job/contract # if available): _____

Job Location: _____

% Residential/Commercial/Industrial: _____% New Construction: _____%

Job Costs: \$ _____ # of stories: _____ Job completion date _____

SUBCONTRACTED WORK

- What work are the subcontractors hired to do?

_____ % _____ % _____ %
_____ % _____ % _____ %

- Are certificates of insurance obtained prior to subcontractors starting work? _____ Yes _____ No
Minimum Limits Required \$ _____
- Are you named as an additional insured on the subcontractor's policy? _____ Yes _____ No
- Do subcontractors carry Worker's Compensation? _____ Yes _____ No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____

Mandatory: OCP Dec; CG0009; CG2031; CG3131; OCP003; OCP004; OCP007;
OCP008; OCP015; OCP048; OCP056; OCP070; OCP076; OCP089; U094;
OCP173; (or state specific for AR, CT, FL, IN, KS, MT, NV, OK, PA, SC, VT, WA,
WY); State Mandatory War/Terrorism Forms. Optional: CG2511; CG2805;
CG2812; CG2935; CG2812; CG3115.