

Benchmark

MANAGEMENT GROUP, INC.

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

OWNERS/CONTRACTORS PROTECTIVE LIABILITY APPLICATION FOR INSURANCE

1. NAME OF OWNER: _____

MAILING ADDRESS: _____

2 NAME OF DESIGNATED CONTRACTOR: _____

General Contractor _____ Construction Manager _____ Managing Agent _____

MAILING ADDRESS: _____

3. DESCRIPTION OF COVERED PROJECT: _____

CONTRACT/PROJECT NO.: _____

LOCATION: _____

CHECK IF APPLICABLE & EXPLAIN:

Watercraft/aircraft exposure _____

Storing of inflammable gases, liquids and explosives _____

Hazardous waste removal or installation _____

Drilling _____

Blasting _____

Scaffolding _____

PLEASE DESCRIBE:

Surrounding property damage exposure _____

Potential third party bodily injury exposure _____

Job site safety precautions _____

4. LIMITS OF COVERAGE:

AGGREGATE LIMIT: _____

OCCURRENCE LIMIT: _____

5. COMPLETED CONTRACT PRICE: _____

6. TERMS OF CONTRACT (Outlined in Job Specifications):

a. Proposed starting date _____

b. Job term in calendar days _____ working days _____

c. Completion date _____ (indicate none if not shown in Job Specifications)

d. Penalties for failure to complete job on time: _____

7. TYPE OF SUBCONTRACTORS AND PERCENT SUBCONTRACTED:

a. _____ %

b. _____ %

c. _____ %

8. DETAILS OF ANY HOLD HARMLESS AGREEMENTS IN THE CONSTRUCTION CONTRACTS:

a. Between Contractor and Subcontractors – Is there a hold harmless in favor of the contractor? _____ Yes _____ No

Please provide copy of the hold harmless clause if “yes.”

b. Between Contractor and Owner – Is there a hold harmless in favor of the Owner? _____ Yes _____ No

Please provide a copy of the hold harmless clause if “yes.”

