



Owner Acting as General Contractor Product

OWNER ACTING AS GENERAL CONTRACTOR APPLICATION - MONOLINE GENERAL LIABILITY

Please complete all sections of this application and have signed by the applicant.

- t1. Applicant Name: _____
2. Mailing Address: _____
3. City: _____ State: _____ Zip: _____
4. Inspection Contact: _____ Phone Number: _____
5. Fax: _____ Website Address: _____ Email Address: _____
6. Policy Term: 3 months 6 months 9 months Annual
7. Please advise all entities requesting to be added as Additional Insured on this policy: Not Applicable

Complete Name	Address	Interest

Details of Project:

8. Project Location/Address: _____
9. Estimated Start Date: _____ Estimated Completion Date: _____
10. Type of Project: New ConstructionRenovation
11. Complete Details of Project: _____

12. Cost of Labor: \$ _____ Cost of Materials \$ _____ Total Cost of Project: \$ _____ Sq Ft Floor Space: _____
13. General Liability limits requested: \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
14. Type of Project: Residential New construction Renovation of existing building
 Commercial New construction Renovation of existing building
15. What percentage of work being performed is being done by the applicant's employees or casual laborers? _____

Eligibility

16. The applicant is acting as the general contractor for this job only True False
17. All contractors are required to carry their own general liability insurance at a minimum of \$1,000,000 per occurrence True False
18. Applicant is the owner of the property True False
19. No locations or operations in Alaska, Arizona California, Louisiana or Nevada True False
20. No, prior existing or pending bankruptcy in the past 5 years True False
21. The applicant is not a general contractor by trade True False
22. The project has not already commenced (other than site preparation or demolition prior to the inception date of our policy) True False
23. Project does not involve underpinning or shoring of adjacent buildings or structures True False
24. Project does not have a planned duration in excess of 12 months True False
25. Building is totally vacant N/A True False
26. Building is not currently damaged (fire or otherwise) N/A True False
27. Building is locked and secured from unauthorized entry True False
28. Exterior operations up to a maximum of 4 stories or 50 feet from grade level. True False

29. No demolition work (except incidental non-load bearing interior work) True False
30. No adding of stories to existing structures True False
31. No blasting operations True False
32. No construction, installation, renovation or removal of underground tanks (except residential fuel oil tanks) True False
33. Certificates of Insurance are required from all sub-contractors naming the applicant as Additional Insured True False

Additional Eligibility Information

34. Does the applicant engage in any operations or have any classifications on their premise(s) other than those listed in the **Details of Project** section above? True False

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event th Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached dot and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
