



**Dallas**  
 P: (972) 789-1962  
 F: (972) 789-1967

**Houston**  
 P: (281) 759-4855  
 F: (281) 759-7245

[hullandco-texas.com](http://hullandco-texas.com)

## INDUSTRIAL CASUALTY OWNERS & CONTRACTORS PROTECTIVE

1. Named Insured/Project Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

2. Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_

3. Contractor's Coverage Information: (Copy of certificate required at time of binding)

a. Primary Liability Insurance carrier: \_\_\_\_\_

b. Limits of Insurance: \_\_\_\_\_

c. Effective and expiration dates: \_\_\_\_\_

a. Worker's Compensation carrier: \_\_\_\_\_

b. Limits of Insurance: \_\_\_\_\_

c. Effective and expiration dates: \_\_\_\_\_

a. Excess/Umbrella carrier: \_\_\_\_\_

b. Limits of Insurance: \_\_\_\_\_

c. Effective and expiration dates: \_\_\_\_\_

Contractor's incurred loss ratio for each of the previous three – five years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Limits of Liability Required: \_\_\_\_\_

5. Anticipated start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

6. Location of Project: \_\_\_\_\_

7. Description of project, including project number and all details of work to be done:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Full Contract Cost: \$ \_\_\_\_\_

9. What percentage of work will the contractor in item #2 be doing? \_\_\_\_\_%

10. Description of work performed by subcontractors and cost:  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Will contractor use unmodified standard AIA contracts or their equivalent with all of their subs?  No  Yes

12. Are certificates of insurance obtained prior to subcontractors starting work?  No  Yes

13. Are \$1,000,000 minimum limits of liability required?  No  Yes

14. Is the contractor named additional insured on the subcontractor's policy?  No  Yes

15. Safeguards surrounding the project:

Fenced:  No  Yes

Guarded 24 hours:  No  Yes

Lighted:  No  Yes

Any additional safeguards: \_\_\_\_\_

16. Surrounding structures:

Right side: \_\_\_\_\_

Left side: \_\_\_\_\_

Front: \_\_\_\_\_

Back: \_\_\_\_\_

17. Will utility lines need to be moved or disturbed in any way?  No  Yes

If "Yes," please explain:

\_\_\_\_\_

Will utility locator service be contacted?  No  Yes

18. Does the project involve any of the following?

	YES	NO		YES	NO
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	Airport Construction	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Elevator or escalator work	<input type="checkbox"/>	<input type="checkbox"/>
LPG work	<input type="checkbox"/>	<input type="checkbox"/>	EFIS work (exterior finish	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos, mold or lead abatement	<input type="checkbox"/>	<input type="checkbox"/>	insulation system or similar)		
Environmental cleanup	<input type="checkbox"/>	<input type="checkbox"/>	Tunnels	<input type="checkbox"/>	<input type="checkbox"/>
Road/highway/bridge/overpass	<input type="checkbox"/>	<input type="checkbox"/>	Dam, reservoir, jetty, breakwater,	<input type="checkbox"/>	<input type="checkbox"/>
Underground tank removal, repair	<input type="checkbox"/>	<input type="checkbox"/>	piers, docks or wharfs		
or installation					

Explain any "YES" answers. \_\_\_\_\_

\_\_\_\_\_

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states

Signature and title of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_

(This coverage will exclude all habitational construction and all work in New York)