



MUSIC Owner's and Protective's Supplemental 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:

Years doing business under current name _____ years

Corporation

Partnership

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 _____



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Anticipated Start Date _____ Anticipated Completion Date _____

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



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Prior Carrier Information

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



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Applicant's Loss History

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

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 _