



MID-CONTINENT

Mid-Continent Casualty ▲ Mid-Continent Insurance Company ▲ Oklahoma Surety Company

PO Box 1409 Tulsa, OK 74101-1409 (918) 588-1220 (800) 722-4994 Fax (918) 560-2792 www.mcg-ins.com

OWNERS CONTRACTORS PROTECTIVE LIABILITY INSURANCE APPLICATION

Agency Name _____ Agency Code # _____
 Address _____ City _____ State _____ Zip _____

INSURED INFORMATION

Insured Name _____
 Street Address _____
 Mailing, if different _____
 City _____ County _____ State _____ Zip _____

PROJECT INFORMATION

Estimated duration of project _____
 Proposed effective date _____ Proposed termination date _____
 Covered Project Description

Proposed name _____ Contract # _____
 Project City _____ Project State _____ Contract Price _____

Does the project or named insured's operations involve any of the following (if yes, explain in comment field on following page):

- Yes No Use of explosives or fireworks
- Yes No Underground construction such as subways or mines including horizontal drilling or boring
- Yes No Work in existing refineries, chemical plants, mills or grain elevators
- Yes No Exterior building maintenance over three stories
- Yes No Hazardous chemicals
- Yes No Scaffolding over 2 stories
- Yes No Construction 4 stories or greater
- Yes No Residential/habitational construction in one or more of the following states: AK, AL, AZ, CA, CO, CT, DE, DC, HI, IL, LA, ME, MA, MI, MN, MS, NH, NJ, NY, NV, OH, RI, VT, WA, WI

Comments

[Empty box for comments]

CLASSIFICATION

- 16291 Contractor (not railroads) excluding operations on board ships
- 17982 Operations NOC
- 91181 Federal, State or Local Housing Authorities
- 93161 Permits - Building Demolition - Municipalities
- 16292 Owner (not railroads) excluding operations on board ships
- 93163 Permits - Construction - Municipalities

REQUESTED POLICY LIMITS

- 1,000,000 / 2,000,000
- 2,000,000 / 4,000,000
- 3,000,000 / 3,000,000
- 4,000,000 / 4,000,000
- 5,000,000 / 5,000,000
- 1,000,000 / 3,000,000
- 2,000,000 / 6,000,000
- 3,000,000 / 6,000,000
- 4,000,000 / 8,000,000
- 5,000,000 / 10,000,000

CONTRACTOR INFORMATION

Designated Contractor Name _____

Street Address _____

Mailing, if different _____

City _____ County _____ State _____ Zip _____

Years of experience _____

Limits of CGL insurance: Occurrence _____ Aggregate _____

Carrier _____ Policy # _____ Eff. Date _____ Exp. Date _____

Limits of Excess insurance: Aggregate _____ SIR _____

Carrier _____ Policy # _____ Eff. Date _____ Exp. Date _____

Comments

[Empty box for contractor comments]

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT, in DC, LA, ME, TN and VA, insurance benefits may also be denied.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER #

[Empty box for National Producer #]