

THE JACK NEBEL COMPANIES

P.O. BOX 159 PALATINE, IL 60078

PHONE (847) 705-5805 • FAX (847) 705-5808

EMAIL: nebelir@jnebel.com • WEB: www.jnebel.com

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY APPLICATION

Contract/Project No: _____

1. Name of Insured/Owner: _____
Mailing Address: _____
Entity: Individual Corporation Partnership Other: _____

2. Name of Designated Contractor: _____
 General Contractor Construction Manager Other: _____
Mailing Address: _____
Number of years in construction contracting business: _____

3. Description of Covered Project: _____

Number of stories (if applicable): _____ *Attach diagram of project.*

4. Location: _____

5. Limits of Coverage:
Occurrence Limit: \$ _____
Aggregate Limit: \$ _____

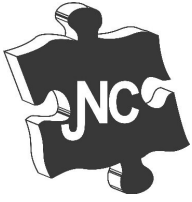
6. Completed Contract Price: _____

7. Terms of Contract (outlined in job specifications):
a. Proposed starting date: _____
b. Job term: _____ Shown as calendar days or working days
c. Completion Date: _____ (*None, if not in Job Specifications*)
d. Penalties for failure to complete job on time: _____

8. Surrounding property damage exposure: _____

9. Potential third party bodily injury exposure: _____

10. Job site safety precautions: _____



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11. Check if applicable and explain:

Watercraft/aircraft exposure: _____

Storing of inflammable gases, liquids and explosives: _____

Hazardous waste removal or installation: _____

Drilling: _____

Blasting: _____

Scaffolding: _____

Crane Work: _____

12. General Liability Program:

Contractor' Insurance	Primary	Excess/Umbrella
Limits:	_____	_____
Term:	_____	_____
Carrier:	_____	_____

If coverage is written, certificate of insurance required

*General Liability/Umbrella limits required to be carried by subcontractors is: \$ _____ Total.

13. Type of subcontractors and percent subcontracted:

a.	_____	_____	%
b.	_____	_____	%
c.	_____	_____	%
d.	_____	_____	%
e.	_____	_____	%
			% Total Subcontracted

14. Details of any hold harmless agreements:

a. Between Contractor and Subcontractors: _____

b. Between Contractors and Insured: _____

15. Is a bond required on this project: Yes No

If so, name of bonding company: _____

16. *Prior to binding coverage, the following must be submitted to under:*

a. *Copy of hold harmless agreement between owner and general contractor*

b. *Certificate of Insurance on general contractor's GL and Umbrella coverage*

Agent's Signature: _____ Date _____