

**Owners Contractors Protective Supplemental Application**

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
 AKA / DBA: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Proj Address: \_\_\_\_\_  
 Insured Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Yrs in Business: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_  
 Applicant is a:  Manufacturer  Distributor  Retailer  Other: \_\_\_\_\_

**GENERAL INFORMATION**

Please provide a complete job description: \_\_\_\_\_  
 Contractor Name & Address: \_\_\_\_\_  
 Total Job Cost: \$ \_\_\_\_\_  
 What is the anticipated start date for the project? \_\_\_\_\_  
 If the project has already begun, what has been completed? \_\_\_\_\_  
 How long will the project take? \_\_\_\_\_  
 Number of stories: \_\_\_\_\_  
 Is the insured involved in the construction?  Yes  No  
 If "Yes", please describe: \_\_\_\_\_  
 Will the insured be added as an additional insured on the GC's policy?  Yes  No  
 What are the GC's limits? \_\_\_\_\_  
 Are all subcontractors required to have GL limits equal to the GC?  Yes  No  
 Are all subcontractors required to have Workers Compensation coverage in place?  Yes  No

**LOSS INFORMATION**

Was prior coverage ever cancelled or non-renewed?  Yes  No  
 If "Yes", please explain: \_\_\_\_\_  
 Loss information for the past 3 years:  No losses  No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## FRAUD STATEMENT

### **Applicable in Arkansas, Louisiana, and West Virginia**

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 is guilty of a crime and may be subject to fines and confinement in prison.

### **Applicable in Colorado**

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in District of Columbia**

**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.

### **Applicable in Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Kentucky**

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.

### **Applicable in Maine**

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.

### **Applicable in Maryland**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **Applicable in New Jersey**

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

### **Applicable in New Mexico**

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 is guilty of a crime and may be subject to civil fines and criminal penalties.

### **Applicable in New York**

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.

### **Applicable in Ohio**

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.

### **Applicable in Oklahoma**

**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.

### **Applicable in Pennsylvania**

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.

### **Applicable in Rhode Island**

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

### **Applicable in Tennessee, Virginia, and Washington**

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.

**SIGNATURES**

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant's Name and Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_