

OWNERS AND CONTRACTORS PROTECTIVE QUESTIONNAIRE

UNDERWRITING QUESTIONNAIRE

1. Name of Applicant : \_\_\_\_\_

2. Description of Project: \_\_\_\_\_  
\_\_\_\_\_

3. Address of Project: \_\_\_\_\_

4. Anticipated Completion Date: \_\_\_\_\_

5. Construction Start Date: \_\_\_\_\_

6. Name and Address of General Contractor: \_\_\_\_\_  
\_\_\_\_\_

Note: Contractor must name Applicant as Additional Insured for both premises-operations and products-completed operations coverages.

7. Total cost of project: \_\_\_\_\_

8. Limits of Insurance (Liability Insurance): \_\_\_\_\_

9. Description of surrounding property exposures: \_\_\_\_\_  
\_\_\_\_\_

10. Job site security: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Agent: \_\_\_\_\_

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