



**OWNERS CONTRACTORS PROTECTIVE (OCP)
APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER.

Applicant	
Mailing Address	Website

If the Applicant is a Limited Liability Company (LLC), please list the members of that LLC:

1.		4.	
2.		5.	
3.		6.	

1. Project Name: _____

2. Address: _____

If Project is in New York, is this a NYC Housing Authority (NYCHA) Project? Yes No

3. What is the Total Construction Value of this Project? \$ _____

4. What is the anticipated start date of the Project? _____

What is the anticipated finish date of the Project? _____

5. Describe the scope of work for this Project (provide as much detail as possible and include the end use of the Project):

6. Has work started on this Project? Yes No

7. Does the Project include the addition of any stories or vertical expansion? Yes No

8. Does the Project involve Blasting, Airport Runways, Bridge Construction, Dams, Underground Tunneling for Subways or Mines? Yes No

9. Will there be any demolition to exterior walls or roof? Yes No

If "Yes", complete the following:

a. Is the General Contractor hiring a Demolition Subcontractor? Yes No

b. Total Demolition Costs: \$ _____

c. How is demolition being performed?

d. How long, in months, will demolition take? _____

e. What safety precautions are in place to protect pedestrians?

10. Is there any exterior work being done over four (4) stories? Yes No

11. Does this Project involve a servicing/maintenance contract with several locations? Yes No

If "Yes", complete the following:

Additional Site Address:	
Additional Site Address:	
Additional Site Address:	
Additional Site Address:	

12. Is the General Contractor known? Yes No

If "Yes", complete the following:

Name of General Contractor:			
General Liability Carrier:			
Total Occurrence Liability Limit (General Liability plus Excess Liability):	\$	Expiration Date of Contractors General Liability Policy:	

13. Will the named insured be involved with any supervision or oversight of the Project? Yes No

14. Is the owner paying, contracting or supervising any subcontractors other than the General Contractor? Yes No

15. What limits are being requested for this OCP? (Limits up to 10/10 are available subject to General Contractor having equal or greater limits.)

\$1M/\$2M \$2M/\$2M \$2M/\$4M \$3M/\$3M \$4M/\$4M \$5M/\$5M Other _____

INSPECTION CONTACT INFORMATION

Name:	
Email:	Phone Number:

FRAUD WARNING

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE