

Mt. Hawley Insurance Company
Peoria, IL 61615

MT. HAWLEY OWNERS AND CONTRACTORS PROTECTIVE APPLICATION

Applicants Instruction:

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Questionnaire must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

THE TERM "WILL YOU" IN A QUESTION MEANS UNTIL THE EXPIRATION DATE OF THE POLICY.

Contract/Project: _____

Named Insured: _____

Mailing Address: _____

Designated Contractor: _____

Mailing Address: _____

Years in the contracting business: _____

Project Location: _____

Description of the project: _____

Completed Contract Cost: _____

Job Term: _____

Surrounding property exposure: _____

Check if applicable and explain:

- Drilling _____
- Blasting _____
- Scaffolding _____
- Crane Work _____

Contractor's liability limits and carrier:

CGL _____
 Auto _____
 WC/EL _____
 Excess _____

Type and percentage of subcontracts:

1. _____ %
 2. _____ %
 3. _____ %
 4. _____ %
 5. _____ %

Is the project owner shown as an additional insured on the contractor's policy? Yes No

Is there a hold-harmless agreement between the owner and contractor in favor of the owner? Yes No

Please attach a copy of the insurance requirements for all contractors on the job. Attached: Yes No

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

 Signature of Applicant

 Title (Officer, Partner, etc.)

 Date

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER TO PRODUCE INSURANCE.