

## Owners Contractors Protective Questionnaire

1. Insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
Interest: \_\_\_\_\_
2. Designated Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_
3. OCP Limits Requested: Occ. \$ \_\_\_\_\_ Agg. \$ \_\_\_\_\_
4. Contract Cost: \$ \_\_\_\_\_
6. Job Location: \_\_\_\_\_
7. Job Description: \_\_\_\_\_
8. Job Term: \_\_\_\_\_
9. Penalties: \$ \_\_\_\_\_ per \_\_\_\_\_
11. Are there any unusual exposures including height exposures, blasting, tunneling, high voltage etc.? If so, please describe: \_\_\_\_\_
12. What percentage of work will be self-performed by the Designated Contractor? \_\_\_\_\_%
13. General Contractor (if other than Insured or Designated Contractor): \_\_\_\_\_
14. What limits do you require subcontractors to carry on their General Liability programs? \_\_\_\_\_

15. **Designated Contractors Insurance Program**

	<b><u>Primary</u></b>	<b><u>Excess</u></b>
Carrier	Navigators	_____
Policy Number	_____	_____
Policy Term	_____	_____
Limits	_____	_____

16. **Indemnification**

	<b><u>Yes</u></b>	<b><u>No</u></b>
Owner/GC	_____	_____
GC/Subs	_____	_____