

**CENTURY INSURANCE GROUP
OWNERS & CONTRACTORS PROTECTIVE QUESTIONNAIRE**



GENERAL INFORMATION:

1. Applicant: _____

2. Mailing Address: _____

3. Physical Address or Location of Project: _____

4. Details of Project: New? Rehab?

5. Start Date: _____
6. Anticipated Date for Completion: _____
7. General Contractor Name: _____
General Contractor Address: _____

GENERAL CONTRACTOR AND ALL SUBS MUST CARRY GENERAL LIABILITY COVERAGE WITH LIMITS EQUAL OR GREATER THAN PROJECT OWNER AND MUST NAME PROJECT OWNER AS AN ADDITIONAL INSURED

8. Name Contractor's Primary Commercial General Liability Insurance Carrier: _____
9. What is total amount of Commercial General Liability coverage carried by Contractor including an Excess or Umbrella Policy? _____
10. What is total estimated cost for the project? _____
11. What type of security is provided at the job site? _____
12. Any additional information?

Signature of Applicant _____
Date _____

Producer _____
Date _____