



CLEARWATER UNDERWRITERS, INC.

50 S. Belcher Rd. Suite 101 / Clearwater, FL 33765 / 800.741.4873 / 727.791.6030

Owners and Contractors Protective Liability

1)	Name and Mailing Address of Applicant			
2)	Description of Project (include whether new or Rehab)			
3)	Address of Project:			
4)	Construction Start Date?			
5)	Anticipated Completion Date?			
6)	Name and Address of General Contractor?			
Note- Contractor must name Applicant on their CGL policy as an Additional Insured for both Premises- Operations and Products- Completed Operations coverages.				
7)	Contractors Primary CGL Insurance Carrier		Total CGL Limits Carried (including Excess/ Umbrella)	
8)	Total Cost of the Project			
9)	Describe the Surrounding Property Exposures			
10)	Job Site Security			
11)	Comments			

	Applicant's Signature:	Date:
--	------------------------	-------