

LEXINGTON INSURANCE COMPANY

OWNER & CONTRACTOR PROTECTIVE APPLICATION

1. A. Name of Insured: _____

B. Address of Insured:

No. Street City State Zip Code

2. Who is work being done for: Check here if same as number 1

A. Name: _____

B. Address:

No. Street City State Zip Code

3. Contractor:

A. Name: _____

B. Address:

No. Street City State Zip Code

4. Entity purchasing coverage Check here if same as number 3

A. Name of Entity: _____

B. Address of Entity:

No. Street City State Zip Code

5. Contractors Coverage: (GL & Umbrella)

Carrier (Primary) Limits Policy Date

Carrier (Umbrella) Limits Policy Date

6. Number of years in Business: _____

7. Contractor Specializes in: _____ (masonry, steel erection, etc.)

8. Gross Receipts: _____

9. Payroll: _____

10. **Five Year Incurred General Liability Loss Ratio for the contractor and a description of all claims over \$25,000: (A QUOTE WILL NOT BE GIVEN WITHOUT THIS INFORMATION)**

11. Description of all General Liability losses over \$25,000 in the past 5 years: Check here if none:

12. Limits Required: \$1MM/\$1MM

13. Location of Project:

Address:

No. Street City State Zip Code

14. Description of Job:

15. Description Safeguard surrounding project:

