

## OWNERS AND CONTRACTORS PROTECTIVE QUOTE REQUEST

Today's Date: \_\_\_\_\_

Bid Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Contractor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTACT:**

Robin RG Guzman  
 robin@agsadowski.com  
 or  
 Nick Rusow  
 nick@agsadowski.com

Named Insured:  
 for OCP Policy: \_\_\_\_\_

Description:

Length of Job: \_\_\_\_\_

Cost of Contract: \$ \_\_\_\_\_

Job Location: \_\_\_\_\_

Rural/Urban? \_\_\_\_\_

Limits of Liability  
 Required: \$ \_\_\_\_\_ Occurrence  
 \$ \_\_\_\_\_ Aggregate

Contractors  
 Primary GL Limits: \$ \_\_\_\_\_ Occurrence  
 \$ \_\_\_\_\_ Aggregate

Contractor's XS  
 or UMB Limits: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_

**Critical Information:**

Question	Yes/No?	Provide Detail if Answer is:	Details
Does the job exceed three years?		Yes	
Does the job involve an airport?		Yes	
Does the job involve blasting?		Yes	
Does the job involve a bridge (any kind)?		Yes	
Does the job involve water exposure?		Yes	
Does the job involve demolition?		Yes	
Does the job involve exterior work > 4 stories or 40 ft?		Yes	
Is our contractor using subcontractors and if so, do they have limits less than our insured's or less than \$1,000,000 Occ / \$2,000,000 Agg?		Yes	
Will our contractor's portion of the contract cost exceed \$5,000,000?		Yes	
Is this job the expected type of work for the insured?		No	
Does our insured have control of the jobsite?		No	

List any additional details for above answers below:

--