



Markel International Applications

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:
------------------------	-------