

3D STAR INSURANCE SERVICES, INC.

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY APPLICATION

PLEASE ATTACH THE FOLLOWING:

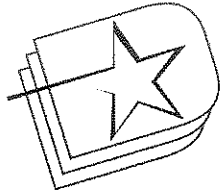
- **Copies of contracts between your and the Insured**
- **Copies of contracts between you and your subcontractors**

1. Named Insured (Owner): _____
 a. Address: _____
2. Name of Contractor: _____
 a. Address: _____
3. Limits of Liability requested: Occurrence Aggregate

PROJECT INFORMATION

1. Project/Contract #: _____ Name: _____
2. Location of project: _____
3. Contract start date: _____ Completion date: _____
4. Total cost of project/contract: _____
5. Describe in detail all work to be done:

6. Is this a service or maintenance contract? YES NO
7. Is this a Department of Defense or Department of Energy project? YES NO
8. Is the work being done on a site listed on ANY Federal or state clean up list? YES NO
9. Is this a "Brownfield" redevelopment site? YES NO



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10. Does this project involve any of the following? Explain in detail any YES answers.

- At, on or near a landfill site YES NO
- Blasting YES NO
- Drilling YES NO
- Scaffolding YES NO
- Storing of flammable gases, liquids and/or explosives YES NO
- Synthetic Stucco YES NO
- Watercraft/Aircraft YES NO
- Bridge or overpass work YES NO
- Tunnels YES NO
- Asbestos, mold or lead abatement YES NO
- Dam, reservoir, jetty, breakwater, piers, docks or wharfs YES NO

11. What is the surrounding property exposure? _____

12. Potential third party exposures to other contractors and/or the public? _____

13. Explain jobsite safety practices in place for this project. _____

14. Which party is contractually responsible for job site safety and security?: _____

CONTRACTOR INFORMATION:

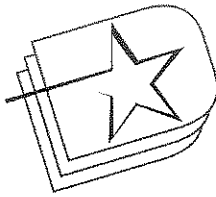
1. Years in business: _____

2. Current Commercial General Liability coverage:

- a. Policy number: _____
- b. Limits of Insurance: _____
- c. Insurance Company: _____
- d. Effective date: _____ Expiration Date: _____

3. Current Worker's Compensation coverage:

- a. Policy number: _____
- b. Coverage B Limits: _____
- c. Insurance Company: _____
- d. Effective date: _____ Expiration Date: _____



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4. Provide details of any subcontractors that will be hired and the percent of the contract that is subcontracted to them:

5. Have you or any of your subcontractors ever been named in a construction defect suit?

YES NO

If YES give details: _____

6. Provide the following information on other OCP policies obtained by the owner during the past three years.

Coverage dates	Project Description	Owner	Claims? (Provide details)

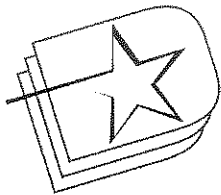
6. List Additional Insureds' names and addresses:

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.



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Applicant's Name:	Signature
Title:	Date: