OCP/BUILDERS RISK SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____ _____

_____ _____

Nature of job: _____

_____

Location of job: _____

_____

Multiple locations to be covered? ☐ Yes ☐ No

Any work in the state of New York? ☐ Yes ☐ No

Term desired: ☐ 3 month ☐ 6 month ☐ 12 month

Cost of job: $_____ Deductible: ☐ $1,000 ☐ $2,500 ☐ $5,000

Designated Contractor: Name: _____

Address: _____

_____

General Liability coverage & products information: Coverage: _____

Policy #: _____

Limits: _____

Is premises owner named as an additional insured? ☐ Yes ☐ No

Building Materials: Walls: _____

Floors: _____

Roof: _____

Intended occupancy: _____ Number of stories: _____

Dimensions: _____

Intended completion date: _____ Contract price: $_____

Any rigging required? ☐ Yes ☐ No

Describe hoisting/lowering operations; indicate maximum values rigged, and who will perform:

_____

_____

Will job require any work for:

Utilities	☐ Yes ☐ No
Streets/roads/traffic	☐ Yes ☐ No
Sewer	☐ Yes ☐ No
Bridges/tunnels	☐ Yes ☐ No
Government facilities	☐ Yes ☐ No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

_____ _____ _____

Applicant's Signature Producer's Signature Date