

OCP/BUILDERS RISK SUPPLEMENT

(Include Acord application)

Applicant's Name: Mailing Address:			
			-
			-
Location of job:			-
Multiple locations to be covered?		□ Yes □ No	-
Any work in the state of New York?		□ Yes □ No	
Term desired:		\square 3 month \square 6 month \square 12 month	
Cost of job: \$	Deductible:	\Box \$1,000 \Box \$2,500 \Box \$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:			-
Roof:			-
Intended occupancy:		Number of stories:	-
Dimensions:			
Is property fenced? \Box Yes \Box No		Is property lighted? \Box Yes \Box No	
Is there an outside patrol service or watchman?		□ Yes □ No	
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:		☐ Yes ☐ No	
	Streets/roads/traffic	☐ Yes ☐ No	
	Sewer	☐ Yes ☐ No	
	Bridges/tunnels	☐ Yes ☐ No	
	Government facilitie	s ⊔ Yes ⊔ No	
for insurance containing false informa	tion, or conceals for alent insurance act, v	the purpose of misleading, information concerning which is a crime. This application does not bind an	g an
Applicant's Signature	Producer's Si	gnature Date	