

*California High Value Homeowners Program*  
**COC Supplemental Application**

Name of Applicant: _____	Location Address/Construction Location: _____
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1. Description of work to be done: \_\_\_\_\_  
\_\_\_\_\_
2. Estimated Length of Project: \_\_\_\_\_
3. What is the intended occupancy: \_\_\_\_\_ Will the insured be the owner/occupant: \_\_\_\_\_
4. Is this a mid-term COC project: \_\_\_\_\_ Is this a rehab/renovation: \_\_\_\_\_
5. Does the insured plan to sell part or the entire completed project: \_\_\_\_\_
6. Is the insured a builder, developer or contractor: \_\_\_\_\_ Describe: \_\_\_\_\_

**Contractor Information:**

1. Name of General Contractor: \_\_\_\_\_ License No.: \_\_\_\_\_
2. Name of General Contractor's Insurance Carrier and Limits (Minimum of \$1,000,000 limit is required):  
\_\_\_\_\_
3. Sub-Contractors Licensed: Yes  No
4. Evidence of Insurance for Sub-Contractors Obtained: Yes  No

**Security Information:**

1. Is Construction Site Fenced and Lit: Yes  No   
If no, explain: \_\_\_\_\_
2. Additional security available (i.e., 24 hour guards, guard patrol, watchman, locked structure for building materials, fire extinguishers, central station alarms, etc.): \_\_\_\_\_  
\_\_\_\_\_

**Value Information:**

Value of the existing structure: \_\_\_\_\_ Square footage of existing structures: \_\_\_\_\_  
Value of the work to be completed: \_\_\_\_\_ Square footage of addition: \_\_\_\_\_  
Value of the completed structure: \_\_\_\_\_ Square footage of completed structure: \_\_\_\_\_

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**The coverage provided does not allow you to waive your rights of recovery against any person without the Company's prior written agreement.**

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_