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