

OCP/BUILDERS RISK SUPPLEMENT

(Include Acord application)

Mailina Addraga			
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:		\square 3 month \square 6 month	□ 12 month
Cost of job: \$	Deductible:	□ \$1,000 □ \$2,500	□ \$5,000
Designated Contractor: Name Addre			
General Liability coverage & products information:		Coverage:	
		Policy #:	
		Limits:	
Is premises owner named as an addi	tional insured?	□ Yes □ No	
Building Materials: Walls:			
Floors:			
Roof:			
Intended occupancy: Dimensions:		Number of stories:	
Is property fenced? ☐ Yes ☐ No		Is property lighted? ☐ Yes	□ No
Is there an outside patrol service or watchman?		□ Yes □ No	
Intended completion date:		Contract price: \$	
Any rigging required?		□ Yes □ No	
Describe hoisting/lowering operation	ns; indicate maximum	values rigged, and who will per	form:

Will job require any work for:	Utilities	□ Yes □ No	
	Streets/roads/traffic		
	Sewer	□ Yes □ No	
	Bridges/tunnels		
	Government facilities	s □ Yes □ No	
Any person who knowingly and wit for insurance containing false informated fact material thereto, commits a frauthe parties to complete the insurance of the parties	nation, or conceals for idulent insurance act, v	the purpose of misleading, info	rmation concerning any
Applicant's Signature	Producer's Si	gnature	Date