



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
Term desired: [] 3 month [] 6 month [] 12 month
Deductible: \$1,000 \$2,500 \$5,000

Cost of job: \$ _____
Designated Contractor: Name: _____
Address: _____

Equipment to be covered: _____
Policy #: _____
Limits: _____

Is premises owner named as an additional insured? [] Yes [] No
Building Materials: Walls: _____
Floors: _____
Roof: _____

Intended occupancy: _____ Number of stories: _____
Dimensions: _____

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 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 _____