

**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: \_\_\_\_\_

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 \_\_\_\_\_