

OCP / BUILDERS RISK SUPPLEMENT

Applicant/Named Insured: _____
Mailing Address: _____
Location Address: _____
Website Address: _____ Phone: _____ Fax: _____
Policy Number: _____

1. Nature of job: _____

2. Location of job: _____

3. Are multiple locations to be covered? Yes No

4. Any work ever done, or planned to be done, in New York? Yes No

5. Term desired: 3 month 6 month 12 month

6. Deductible desired: \$1,000 \$2,500 \$5,000

7. Cost of job: \$ _____

8. Designated contractor:
Name: _____
Address: _____

9. General Liability coverage and products information: Coverage: _____
Policy number: _____ Limits: _____

10. Is premises owner named as an additional insured? Yes No

11. Building materials: Walls: _____
Floors: _____
Roof: _____

12. Intended occupancy: _____

13. Dimensions: _____

14. Intended completion date: _____ Contract Price: \$ _____

15. Is any rigging required? Yes No
If yes, describe hoisting / lowering operations (indicate maximum values rigged and who will perform):

16. Work required for job (X all applicable):
 Bridges / Tunnels Streets / Roads / Traffic
 Government Facilities Utilities
 Sewer

