

OCP SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD General Liability Application)

APPLICANT INFORMATION

Name _____
Address _____
City, State, Zip _____
Telephone _____ Contact for Inspection _____

1. Nature of Job: _____

2. Location of Job: _____

3. Multiple locations to be covered? Yes No

4. Term Desired 3 months 6 months 12 months

5. Cost of Job? \$ _____

6. Designated Contractor: Name _____

Address _____

7. General Liability Coverage Information: Coverage _____

Policy Number _____

Limits _____

Is Premises Owner named as Additional Insured? Yes No

8. Building Materials: Walls _____

Floors _____

Roof _____

9. Intended Occupand _____ No. of stories _____ Dimensions _____

10. Is property fenced? Yes No Is property lighted? Yes No

11. Is there an outside patrol served or watchman? Yes No

12. Intended completion date _____

13. Any Rigging required? Yes No

Describe hoisting/lowering operations; indicate maximum values rigged and who will perform _____

14. Will job require any work for: Utilities Yes No

Streets/ roads/ traffic Yes No

Sewers Yes No

Bridges/Tunnels Yes No

Government Facilities Yes No

Applicant Signature

Producer Name, Address & Signature