



OCP Supplemental Application

1. Named Insured: _____

2. Insured's mailing address: _____

3. Physical location of covered operation: _____

4. Contract designation and description: _____

5. Contract cost: _____

6. Anticipated start date of the project/job: _____

Anticipated completion date of the project/job: _____

7. Provide complete details of the premises safeguards, including fencing, lighting, 24 hour security, etc:

8. Designated contractors name and mailing address: _____

9. What is the experience and the years in business for the general contractor?: _____

10. Contractor's CGL limits: _____

Insurance carrier: _____

Effective dates: _____

11. Does the general contractor name the insured as additional insured and provide a Waiver of Subrogation under their CGL policy? _____

12. Attach a copy of the certificate of insurance showing evidence of contractors insurance and insured's additional insured status as regards operations for the project.

13. Provide description of all General Liability claims for the General Contractor over \$10,000 in the past 5 years. Include loss runs.

14. OCP limits requested: 500/500 _____ 1,000/1,000 _____