

G.J. Sullivan Company

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