



Agent Information

Agent:

Agency Code:

Contact:

Phone:

Email:

New Renewal

Policy Number:



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

OCP/BUILDERS RISK SUPPLEMENT

(To be attached to ACORD applications)

NAME AND MAILING ADDRESS OF APPLICANT:

LOCATION ADDRESS:

1. Nature of job: _____

2. Location of job: _____

3. Multiple locations to be covered? Yes No
4. Any work in the state of New York? Yes No
5. Term desired: 3 month 6 month 12 month
6. Cost of job: \$ _____
7. Deductible: \$1,000 \$2,000 \$5,000
8. Designated Contractor:
Name: _____
Address: _____

9. General Liability coverage & products information:
 - a. Coverage(s): _____
 - b. Policy #: _____
 - c. Limits: _____
10. Is premises owner named as an additional insured? Yes No
11. Building Materials:
 - a. Walls: _____
 - b. Floors: _____
 - c. Roof: _____
12. Intended occupancy: _____
13. Number of Stories: _____
14. Dimensions: _____
15. Is property fenced? Yes No

16. Is property lighted? Yes No
17. Is there an outside patrol service or watchman? Yes No
18. Intended completion date: _____
19. Contract price: \$ _____
20. Any rigging required? Yes (if yes, please explain below) No
 Describe hoisting/lowering operations; indicate maximum values rigged, and who will perform: _____

21. Will job require any work for:
- | | | |
|--------------------------|------------------------------|-----------------------------|
| a. Utilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Streets/Roads/Traffic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Sewer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Bridges/Tunnels | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Government facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Fraud warning: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Name of Applicant

Title

Signature of Applicant

Date