



OWNER'S INTEREST & OCP APPLICATION FOR INSURANCE

GENERAL INFORMATION

If there are multiple projects, complete the application with details of the first project, and attach details of other project(s) including project address, contractor detail, construction cost, description, and proposed effective and expiration dates.

1. Insured/Project Owner Name			
2. Mailing Address			
3. Project Name			
4. Project Address			
5. Proposed Effective Date		Proposed Expiration Date	
6. Name of Audit Contact			
Telephone Number		Email Address	

REQUESTED COVERAGE

7. Coverage Choice:	<input type="checkbox"/> Owner's Interest	<input type="checkbox"/> OCP	<input type="checkbox"/> Special Protective and Highway Liability
8. Extended Products-Completed Operations (Owner's Interest Only)	<input type="checkbox"/> Statutory	<input type="checkbox"/> Specific # of years:	<input type="checkbox"/> None
9. Primary Limits			
10. Excess Limits			
11. Deductible			
12. Construction Costs			

"Construction Costs" is defined as the cost of all labor, materials, equipment and supplies furnished, used or delivered for use in the execution of such work, whether furnished by the owner, by the contractors, or by subcontractors at any level; and general conditions, contingency fees, overhead and profit (attach copy of construction budget).

PROJECT DETAILS

13. Project Description:	

See note on General Information section above regarding multiple projects

14. Project Type (Select one option that best describes the project)

OCP/Special Protective and Highway Liability - Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Commercial Building | <input type="checkbox"/> Civil |
| <input type="checkbox"/> Industrial/Chemical/Energy or similar | <input type="checkbox"/> Street/Road/Overpass/ Infrastructure |
| <input type="checkbox"/> Residential Buildings or Mixed Use Residential/Commercial Buildings | <input type="checkbox"/> Sewer/Water/Telecommunications |
| <input type="checkbox"/> Demolition Only | <input type="checkbox"/> Bridge/Tunnel/Levee/Dam or similar |
| <input type="checkbox"/> Adjoining walls or buildings within 5 feet | <input type="checkbox"/> Gas/Power Lines/Power Plants or similar |
| <input type="checkbox"/> Shoring or Underpinning of Adjacent Structures | <input type="checkbox"/> Airport/Railroad or similar |
| | <input type="checkbox"/> Marine Work; Docks, Piers, Pilings, or similar |
| | <input type="checkbox"/> All Other Civil |

Owner's Interest Mixed Use (End use of projects is both commercial and residential) - Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Ground up construction | <input type="checkbox"/> Apartments |
| <input type="checkbox"/> Renovation/Expansion | <input type="checkbox"/> HUD/Municipal/Military/Student Housing |
| <input type="checkbox"/> Vertical Addition | <input type="checkbox"/> All Other Commercial (office, retail, warehouse, etc.) |
| <input type="checkbox"/> Over 4 Stories Wood Frame, not counting any podium | <input type="checkbox"/> Single Family |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Multi-Family |
| <input type="checkbox"/> Interior Demolition | <input type="checkbox"/> Manufactured/Modular Construction |
| <input type="checkbox"/> Building or Structural Demolition | <input type="checkbox"/> Adjoining walls or buildings within 5 feet |
| # of Stories: | <input type="checkbox"/> Shoring or Underpinning of Adjacent Structures |
| <input type="checkbox"/> Explosives or Wrecking Balls | <input type="checkbox"/> Occupied During Construction |

Owner's Interest Commercial - Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Ground up construction | <input type="checkbox"/> Apartments |
| <input type="checkbox"/> Renovation/Expansion | <input type="checkbox"/> HUD/Municipal/Military/Student Housing |
| <input type="checkbox"/> Vertical Addition | <input type="checkbox"/> Industrial/Manufacturing |
| <input type="checkbox"/> Over 4 Stories Wood Frame, not counting any podium | <input type="checkbox"/> Chemicals/Refineries |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Arenas/Stadiums/Amusement Parks/Waterparks or similar |
| <input type="checkbox"/> Interior Demolition | <input type="checkbox"/> All Other Commercial (office, retail, warehouse, etc.) |
| <input type="checkbox"/> Building or Structural Demolition | <input type="checkbox"/> Manufactured/Modular Construction |
| # of Stories: | <input type="checkbox"/> Adjoining walls or buildings within 5 feet |
| <input type="checkbox"/> Explosives or Wrecking Balls | <input type="checkbox"/> Shoring or Underpinning of Adjacent Structures |
| | <input type="checkbox"/> Occupied During Construction |

<input type="checkbox"/> Owner's Interest Residential - Check all that apply:	
<input type="checkbox"/> Ground up construction <input type="checkbox"/> Renovation/Expansion <input type="checkbox"/> Vertical Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Interior Demolition <input type="checkbox"/> Building or Structural Demolition # of Stories: <input type="checkbox"/> Explosives or Wrecking Balls	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Manufactured/Modular Construction <input type="checkbox"/> Over 4 Stories Wood Frame, not counting any podium <input type="checkbox"/> Adjoining walls or buildings within 5 feet <input type="checkbox"/> Shoring or Underpinning of Adjacent Structures <input type="checkbox"/> Occupied During Construction

<input type="checkbox"/> Owner's Interest Demolition Only - Check all that apply:	
<input type="checkbox"/> Interior Only <input type="checkbox"/> Adjoining walls or buildings within 5 feet <input type="checkbox"/> Shoring or Underpinning of Adjacent Structures	<input type="checkbox"/> Building or Structural Demolition # of Stories: <input type="checkbox"/> Explosives or Wrecking Balls

<input type="checkbox"/> Owner's Interest Civil - Check all that apply:	
<input type="checkbox"/> Residential Infrastructure, in whole or in part <input type="checkbox"/> Bridge/Tunnel/Levee/Dam or similar <input type="checkbox"/> Marine Work; Docks, Piers, Pilings, etc. <input type="checkbox"/> Street/Road/Overpasses or similar	<input type="checkbox"/> Gas/Power Lines/Power Plants or similar <input type="checkbox"/> Sewer/Water/ Telecommunications or similar <input type="checkbox"/> Airport/Railroad <input type="checkbox"/> All Other

GENERAL QUESTIONS

15. Is there any prior work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
16. Will there be any Tower Cranes used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are any contractors, other than the GC, being hired direct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTRACTOR INFORMATION

18. Contractor Name	
19. Contractor Years in Business	
20. Contractor Mailing Address	
21. Contract Number (required for Special Protective and Highway Liability only)	
22. Contractor Website	

ADDITIONAL INFORMATION WHICH WILL BE NEEDED PRIOR TO BINDING

1.	Copy of the executed contract between Owner and Contractor
2.	Copy of GC/Contractor certificate of insurance

NOTICE TO APPLICANT. PLEASE READ CAREFULLY:

THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.

FRAUD NOTICE

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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially

false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*
* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

Date

Producer Name (Printed)

Producer Signature*

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.