

OCP Supplemental Application

(Complete along with ACORD application)

1. Named Insured: _____
2. Insured's Mailing Address: _____
3. Physical Location of Covered Operation: _____

4. Contract Designation & Description: _____

5. Contract Cost: _____
6. Estimated Duration of Contract/Job: _____
7. Designated Contractors Name & Mailing Address: _____

8. Number of Years Contractor in Business: _____
9. Contractor's CGL Limits & Umbrella Limits: _____

Insurance Carrier – CGL: _____

Effective Dates: _____

Insurance Carrier – Umbrella: _____

Effective Dates: _____
10. Does the contractor name the insured as additional insured and provide a waiver of Subrogation under their CGL & Umbrella policies? _____
11. Attach copy of certificate of insurance giving evidence of contractors insurance & insured's additional insured status as regards operations for the project.