



## *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 |

**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**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