



OWNERS INTEREST SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Project Name: _____
2. Project Address: _____
3. Is the project limited to a specific floor? Yes No
If Yes, explain: _____
4. Are there any other requested Named Insureds? Yes No
If Yes, explain: _____
5. Total cost of project: \$ _____
6. Project Dates (anticipated): Start: _____ End: _____
7. Describe scope of work for this project: _____
8. Is the General Contractor known? Yes No If Yes:
 - a. Name of General Contractor: _____
 - b. General Liability Carrier: _____
 - c. Total Occurrence Liability Limit (including excess): \$ _____
9. Do you require contractors to sign a hold-harmless or indemnification agreement in your favor? Yes No
Is your contract/agreement reviewed by legal counsel? Yes No
10. Is the owner paying, contracting or supervising any subcontractors other than General Contractors? Yes No
If Yes, explain: _____
11. Will there be occupancy during the project? Yes No
If Yes, explain: _____
12. Is there any exterior work being done over three (3) stories? Yes No
13. Does the project include the addition of any stories or vertical expansion? Yes No
14. Will there be any demolition to exterior walls or roof? If Yes: Yes No
 - a. Is the General Contractor hiring a Demolition Subcontractor? Yes No
 - b. Total Demolition Cost: \$ _____
 - c. How is demolition performed? _____
 - d. How long, in months, will demolition take? _____
 - e. Explain precautions in place to protect pedestrians: _____
15. Is a Tower Crane used on this project? Yes No
16. Has work started on this project? Yes No
 - a. Date work started: _____
 - b. Describe work completed to date: _____
 - c. Total costs completed to date: _____
 - d. Name of General Contractor for prior work: _____
 - e. GL Carrier on prior work: _____
17. Responsible party for maintaining sidewalks: Owner General Contractor Other

FRAUD STATEMENTS

FLORIDA: 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.

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address
