

COURSE OF CONSTRUCTION (COC)

Supplemental Questionnaire

Applicant/Insured _____

Property location _____

Description of work being done _____

Is this a "ground up" project? ____ (Y/N)

Is this a renovation or rehab project? ____ (Y/N) If "yes", what is:

Value of existing structure? \$ _____

Value of work to be completed? \$ _____

Estimated total cost of work to be completed \$ _____

Estimated length of time to complete job \$ _____

Intended occupancy ____ Owner ____ Tenant

Will construction site be fenced and lit? ____ (Y/N)

Additional security? ____ (Y/N) (If "yes" describe) _____

Name of General Contractor _____

Contractor's License Number/State _____

Contractor's General Liability Insurance Carrier _____

Limits of Liability \$ _____ (\$1,000,000 is required)

Is the Applicant/Insured acting as the General Contractor? ____ (Y/N) Licensed? ____ (Y/N)

If the Applicant is a builder, developer or contractor, will subcontractors be used? ____ (Y/N)

Are all subcontractors licensed? ____ (Y/N) Is Evidence of Insurance obtained? ____ (Y/N)

Applicant/Insured signature _____ Date _____

Agent signature _____ Date _____