

# 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.