

COC SUPPLEMENTAL

INSURED	
INSURED'S ADDRESS	
GC – IF <u>NOT</u> THE INSURED	
PROJECT DATA	
• NAME OF PROJECT	
• LOCATION OF THE PROJECT	
• TYPE OF PROJECT	
• IS THIS A RENOVATION OR REMODEL?	
• IF SO, DO YOU REQUIRE COVERAGE FOR THE EXISTING STRUCTURE?	YES _____ NO _____
• IF YOU REQUIRE COVERAGE FOR THE EXISTING STRUCTURE, WHAT IS THE VALUE OF THE EXISTING STRUCTURE?	
• WHAT IS THE PROJECT START DATE	
• ESTIMATE PROJECT COMPLETION DATE	
• PROJECT TOTAL COST	
• PROJECT SUBCONTRACT COST	
• TYPE OF CONSTRUCTION	
• TYPE OF ROOF	
• AREA OF THE BUILDING [SQ FT]	
• NUMBER OF STORIES	
PROJECT PROTECTION	SPECIFY DETAILS FOR GUARDING & ALARMS AS THAT WILL HAVE A BEARING ON THE PREMIUM
• FENCED?	
• SECURITY?	
• LIGHTED?	
• ALARMED? – CENTRAL STATION OR LOCAL	
OTHER PERTINENT INFORMATION	

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