

C.O.C. QUESTIONNAIRE (Attach with ACORD Application)

Named Insured:	
Construction Location: Description of work to be done:	
Estimated cost of the job:	Estimated length of the job:
What is the intended occupancy upon comp	etion?
Will the insured be the owner/occupant? Ye	s 🗆 No 🗆
Does the insured plan to sell part or all the o	ompleted project? Yes □ No □
If Yes, Give details:	
Will the construction site be fencedIs there a working Central Station F	ed during non-working hours? Yes □ No □ and lit? Yes □ No □
Name of General Contractor:	License #:
Name of General Contractor's Insurance Car	rier and Limits:
(Minimum of \$1,000,000 coverage	limit is required with Product/Completed Operations Coverage)
Is the insured a Builder, Developer or Contra	ctor? Yes 🗆 No 🗆 Describe:
If insured is a Builder, Developer or Contract	or, will sub-contractors be hired? Yes \square No \square <i>If Yes, answer below:</i>
Are sub-contractors licensed? Yes	\square No \square Do you obtain evidence of insurance? Yes \square No \square
Is this a mid-term C.O.C. project? Yes ☐ No	☐ If Yes, what percentage is completed?%
Is this a Rehab/Renovation? Yes □ No □	
RC value of the existing structure: \$	Square footage of the existing structure:
RC value of the work to be completed: \$	Square footage of any addition:
RC Value of the completed structure: \$	Square footage of the completed structure:
(Note: RC Value of the existing structure	RC Value of the work to be completed = RC Value of the completed structure)
What is the nature of the renovation? (i.e.,	lectrical, cosmetic, structural, etc.)
Will the electrical, plumbing, heating, and/o	roofing be fully updated/replaced during the renovations? Yes \square No \square
Applicant Signature	