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COC & BUILDER'S RISK SUPPLEMENTAL APPLICATION
 (Include ACORD application)

Applicant's Name:		Date:	
Applicant is <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Inspection Contact:		Phone:	
Mailing Address:		Location Address:	

PROJECT INFORMATION:

Effective Date:	Estimated Length of Job:
Is this a mid-term COC project? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what percentage is completed? %
Is this a Renovation project? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, value of existing structure: \$
Total square footage of project:	
Preferred Deductible: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other:	

LIMITS OF LIABILITY

New Construction Projects	
Estimated Hard Costs:	
Soft Costs (if required please provide detailed list)	
Total Insured Limit	

Renovation Projects	
Value of Existing Structure:	
Value of Additional/New Work	
Total Insured Limit	

Sublimit for Transit: \$	Earthquake coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sublimit for Off-Site Storage: \$	Flood coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Off-Site Storage:	Flood Zone:

GENERAL UNDERWRITING INFORMATION:

*Describe the nature of the project, including intended occupancy, number of stories, number of buildings, type of work to be done (i.e. electrical, cosmetic, structural, etc.), construction type and other project details:

<input type="checkbox"/> Frame Construction	<input type="checkbox"/> Poured Concrete/HCB	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Other
No of Bldg's	No of Stories/Bldg:	No of Units/Bldg:	Sq Ft/Bldg:
Fire Protection Class:		Distance to Fire Dept:	
Type of Neighborhood: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Remote/Isolated			
Will buildings be sprinklered & at what stage will they be operational?			
Distance from structures to nearest operational fire hydrant:			
Fire Hydrants Operational at job site?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECURITY:

Will the construction site be fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the construction site be lit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there fire extinguishers on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Watchman/Guard Onsite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Full Time – Number		
<input type="checkbox"/> Part Time – Number		

CONTRACTOR INFORMATION:

Is the applicant a builder/developer/contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, will sub-contractors be hired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all hired sub-contractors licensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain evidence of insurance from all sub-contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Contractor:	License No.	
Insurer of Contractor:	Contractor's Limits:	
How many years in Business?	Has Contractor any history of labor problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will applicant be named as an additional insured on the contractor's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the contractor had any losses in last five years? (provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:		

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. Doing so is grounds for voiding any policy that might be issued based on such false information. Note that this application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____

Producer's Signature _____

Date _____

NOTE: PLEASE PROVIDE A PLOT PLAN