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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: _____ | | Est'd Length of Job: _____ | |
| Total Hard Cost: \$ _____ | Soft Cost (Provide separate breakdown): \$ _____ | Value of work to be completed: \$ _____ | |
| Site Preparation: _____ | Sublimit for Transit: _____ | Sublimit for off-site storage: _____ | |
| Preferred Deductible: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other (Please specify) | | | |
| Total square footage of project: _____ | | | |
| Is this a REHAB/Renovation project? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, value of existing structure: \$ _____ | |
| Is this a mid-term C.O.C. project? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If so, what percentage is completed? % _____ | |
| Will the insured be selling the completed project? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | |

*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.)

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 |

*Describe what additional security will be used at the construction site (e.g. 24 hour guards, guard patrol, watchman, locked structure for building materials, etc.)

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. | |
| How many years in Business? | | Has Contractor any history of labor problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Job bonded? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, Is contractor bondable? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insurer of Contractor: | | Limits Carried by Contractor: | |
| 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: | | | |
| Is there any union labor on this job? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, explain: | | | |

GENERAL UNDERWRITING INFORMATION:

| | | | |
|---|--|------------------------------|-----------------------------|
| Type of Neighborhood: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Remote/Isolated | | | |
| Fire Protection Class: | | | |
| Distance to nearest responding fire department: | | | |
| Will buildings be sprinklered and at what stage will they be operational? | | | |
| Fire Hydrants Operational at job site? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Distance from structures to nearest operational fire hydrant: | | | |
| Other Water sources? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, describe: | |
| Will standpipes be installed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, will they be made operational during construction? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, when? | | | |
| Will project be constructed to architects blueprints and specifications? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the location be accessible over paved roads? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Describe type of interior plumbing? <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Other (please specify) | | | |
| If copper, is a formal hot watch program in place? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Describe storage facilities for any flammable solvents or liquids being used: | | | |
| | | | |
| Describe type, method of installation and storage facilities for any combustible insulation being used: | | | |
| | | | |

