



Evanston Insurance Company
 Markel American Insurance Company
 Markel Insurance Company



OCP/BUILDERS RISK SUPPLEMENT

(To be attached to ACORD applications)

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

1. Nature of job: _____
2. Location of job: _____

3. Multiple locations to be covered? Yes No
4. Any work in the state of New York? Yes No
5. Project start date: _____ Estimated completion date: _____
6. Cost of job: \$ _____
7. Designated Contractor:
 Name: _____
 Address: _____
8. General Liability coverage & products information:
 - a. Coverage(s): _____
 - b. Policy #: _____
 - c. Limits: _____
9. Is premises owner named as an additional insured? Yes No
10. Building Materials:
 - a. Walls: _____
 - b. Floors: _____
 - c. Roof: _____
11. Intended occupancy: _____
12. Number of Stories: _____
13. Dimensions: _____
14. Is property fenced? Yes No
15. Is property lighted? Yes No
16. Is there an outside patrol service or watchman? Yes No
17. Intended completion date: _____

18. Contract price: \$ _____

19. Any rigging required? Yes No

If yes, please explain below

Describe hoisting/lowering operations; indicate maximum values rigged, and who will perform: _____

20. Will job require any work for:

a. Utilities Yes No

b. Streets/Roads/Traffic Yes No

c. Sewer Yes No

d. Bridges/Tunnels Yes No

e. Government facilities Yes No

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Name of Applicant

Title

Signature of Applicant

Date