



Additional Coverage Questionnaire

Named Insured: _____
Policy Number: _____
Requiring Vendor: _____
Vendor Address: _____
Zip Code: _____

Answer all questions – If they do not apply, indicate “Not Applicable”

1. Which endorsement form(s)/coverage(s) are being requested? _____
2. Is there a contractual obligation requiring the requested coverage? Yes No N/A
If no, explain why needed: _____
3. Is there a contractual obligation to name the above additional insured? Yes No N/A
If no, explain why needed: _____
4. Is this an OCIP/Wrap Up Project? Yes No N/A
5. What is the insurable interest of the requiring vendor (i.e., General Contractor, Owner, Developer, Manager of Premises, etc.)? _____
6. Describe the work the named insured will perform for the requiring vendor? _____
7. What are the operations of the requiring vendor? _____
8. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? Yes No N/A
9. Does the requiring vendor maintain their own insurance to cover their operational exposures? Yes No
10. Complete the following regarding work to be performed (Select all that apply):

New Construction Remodeling Interior Repair and Service Check Room Additions or Other Structural Alterations

RESIDENTIAL STRUCTURAL PROPERTY TYPE:

Condominiums or Conversion to Condominiums Townhomes One to four family dwellings Custom Home
Dwellings -- Tract Housing, Subdivision Construction or Development

COMMERCIAL/INDUSTRIAL PROPERTY TYPE:

Retail Warehouse Restaurant Hospital/Medical Facilities Apartments

If none of the above apply, what type of business is the commercial property occupied by or will be occupied by?

Project Information: Single Project Contract Ongoing Project Contract

Estimated Start Date: _____ Estimated End Date: _____

Project Address Location: _____

Contract Number: _____ Job Number: _____

Cost of Job: \$ _____

11. Is the above project/job work required because of a prior construction defect claim? Yes No