



MARKEL SOUTHWEST UNDERWRITERS, INC.

OCP/BUILDERS RISK SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Nature of job: _____

Location of job: _____

Multiple locations to be covered? Yes No

Any work in the state of New York? Yes No

Term desired: 3 month 6 month 12 month

Cost of job: \$ _____ Deductible: \$1,000 \$2,500 \$5,000

Designated Contractor: Name: _____

Address: _____

General Liability coverage & products information: Coverage: _____

Policy #: _____

Limits: _____

Is premises owner named as an additional insured? Yes No

Building Materials: Walls: _____

Floors: _____

Roof: _____

Intended occupancy: _____ Number of stories: _____

Dimensions: _____

Intended completion date: _____ Contract price: \$ _____

Any rigging required? Yes No

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

Will job require any work for: Utilities Yes No

Streets/roads/traffic Yes No

Sewer Yes No

Bridges/tunnels Yes No

Government facilities Yes No

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. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date