

TOPA INSURANCE COMPANY

C.O.C. QUESTIONNAIRE
(Attach with ACORD application)

Named Insured: _____

Construction Location: _____

Description of work to be done: _____

Estimated cost of the job: \$ _____ Estimate length of the job: _____

What is the intended occupancy? _____ Total area: _____

Will the insured be the owner/occupant? _____

Does the insured plan to sell part or all of the completed project? _____ Give details _____

Will the construction site be fenced and lit? _____

What additional security is available? (i. e. 24 hour guards, guard patrol, locked structure for building materials, watchman, fire extinguishers, etc.) Describe: _____

Name of General Contractor: _____ License No. _____

Name of General Contractor's Insurance Carrier and Limits: _____

_____ (Minimum of \$1,000,000 limit is required with

Product/Completed Operations Coverage)

Is the insured a Builder, Developer or Contractor? _____ Describe: _____

If insured is a Builder, Developer or Contractor, will sub-contractors be hired? Yes No If yes:

Are sub-contractors licensed? Yes No Do you obtain evidence of insurance?

Yes No

Is this a mid-term C. O. C. project? Yes No ; If yes, what percentage is completed? _____%

Is this a REHAB/renovation? Yes No If yes, what is:

The value of the existing structure? \$ _____

The value of the Work to be Completed? \$ _____

The nature of renovation (i. e. electrical, cosmetic, structural, etc.) _____

The estimated length of the job? _____

Applicant Signature

Date