



**Buildings Under Construction  
(Owner's Interest)  
General Liability Supplemental Application**  
(Complete in addition to ACORD)

1. Name of Applicant: \_\_\_\_\_  
Website: \_\_\_\_\_
2. Expected project start date: \_\_\_\_\_ Expected project completion date: \_\_\_\_\_
3. Are you the owner of the building or property?  Yes  No  
If yes, how long have you owned the property? \_\_\_\_\_
4. Project location/address: \_\_\_\_\_
5. Type of building:  Residential  Commercial  Industrial
6. Type of project:  New construction  Renovation of existing building
7. Please provide description of project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What will be the future use of the property? \_\_\_\_\_
9. Has the project already commenced?  Yes  No  
If yes, describe what has been done to date: \_\_\_\_\_
10. What are the adjacent exposures? \_\_\_\_\_  
\_\_\_\_\_
11. Are there any above or below ground tanks, drums or barrels on the property?  Yes  No
12. Has the property ever been used as a landfill?  Yes  No
13. Are there any bodies of water on the property?  Yes  No
14. Are there any railroad sidetracks?  Yes  No
15. Work is to be performed by:  Licensed independent contractor  Applicant acting as GC  
 Other: \_\_\_\_\_
16. Is there more than one general contractor being hired to handle the project?  Yes  No
17. Cost of labor: \$ \_\_\_\_\_ Cost of materials: \$ \_\_\_\_\_  
Total cost of project: \$ \_\_\_\_\_
18. Are you the entity that is entering into the written contract with the general contractor?  Yes  No
19. Name of general contractor: \_\_\_\_\_
20. Is the general contractor required to carry their own General Liability insurance at a minimum of \$1,000,000 Each Occurrence/\$2,000,000 General Aggregate?  Yes  No
21. Is the general contractor required to name you as an additional insured on their General Liability insurance policy?  Yes  No
22. Do you maintain a copy of the general contractor's certificate of insurance on file?  Yes  No
23. Will you, your employees or volunteers perform any of the direct labor?  Yes  No
24. Do you have any ownership interest in the general contracting firm?  Yes  No

**NEW CONSTRUCTION Check here if not applicable:**

25. Total sq. ft. of the proposed building: \_\_\_\_\_ Number of stories: \_\_\_\_\_
26. If an older building is being demolished, what is the demolition date? \_\_\_\_\_
27. Is the property fenced, or are "No Trespassing" signs posted?  Yes  No

**RENOVATION OF AN EXISTING BUILDING** Check here if not applicable:

28. Please indicate project type:

- REMODEL: Remodeling of interior finishes, replacement of interior fixtures, cabinets, flooring, etc.
- REMODEL/MINOR STRUCTURAL: Remodeling of interior finishes and minor changes to exterior (doors, windows, exterior painting, etc.), including all non-structural changes (HVAC, plumbing, electrical, etc.)
- RESTORATION/MAJOR RESTRUCTURING: Repairing, replacing, removing load-bearing walls, adding additional stories, adding stairways or elevators, etc.
- NEW ADDITION WITH SOME REMODEL: Addition of space with remodeling renovation for tie-in purposes only, and interior remodeling, as shown above.

29. Total sq. ft. of building prior to renovation: \_\_\_\_\_ Total sq. ft. of building after completed renovations: \_\_\_\_\_

30. Number of stories prior to renovation: \_\_\_\_\_ Number of stories after completed renovations: \_\_\_\_\_

31. Year built: \_\_\_\_\_ Construction: \_\_\_\_\_

32. Vacant since: \_\_\_\_\_ Prior occupancy: \_\_\_\_\_

33. Current building use: \_\_\_\_\_

34. Will the building be 100% vacant throughout the entire course of the project?  Yes  No

If no, describe occupied areas: \_\_\_\_\_

35. Has the building ever been, or will it be occupied as an industrial facility or factory?  Yes  No

36. Has the building been condemned?  Yes  No

37. Is the building currently fire or water damaged?  Yes  No

38. Will you be performing lead, asbestos, mold or radon removal or remediation?  Yes  No

39. Are you converting a building(s) to condominiums or townhomes?  Yes  No

40. Building Security (check all that apply):					
Windows boarded up:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Building fenced:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24-hour security:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Building locked:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No Trespassing signs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alarmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other security:					

**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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent