

# Conversion Supplemental

COLUMBIA INSURANCE COMPANY  
NATIONAL FIRE & MARINE INSURANCE COMPANY  
NATIONAL INDEMNITY COMPANY  
NATIONAL INDEMNITY COMPANY OF MID-AMERICA  
NATIONAL INDEMNITY COMPANY OF THE SOUTH  
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Conversion Project \_\_\_\_\_

Address of Conversion Project \_\_\_\_\_

Owner of Structure \_\_\_\_\_

Audit Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Structure to be Renovated:  Vacant Building  Condominium  Apartment  Family Residence

If other, please describe \_\_\_\_\_

1. Age of Building (year built) \_\_\_\_\_

2. Number of Units (homes/condos/lots) to be Sold \_\_\_\_\_

3. Average Sale Price per Unit \_\_\_\_\_

4. Estimated Total Receipts for Conversion Project \_\_\_\_\_

5. Name of the General Contractor who will Perform Renovation \_\_\_\_\_

a. Will the general contractor be separately insured for this project?  Yes  No

6. List improvements to be made to the roof \_\_\_\_\_

a. Will the entire roof be replaced?  Yes  No

7. List improvements to be made to the windows \_\_\_\_\_

a. Will all windows be replaced?  Yes  No

8. Please list all other improvements to be made \_\_\_\_\_

9. Would you like extended completed operations coverage?  Yes  No

a. What is the appropriate statute of limitations in your state? \_\_\_\_\_

I acknowledge that I have read this application supplement and understand that:

**THIS SUPPLEMENT IS A PART OF THE APPLICATION AND WILL BE RELIED UPON BY THE COMPANY AS AN INTEGRAL PART OF THE APPLICATION.**

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

Completed by the Insured \_\_\_\_\_ Date \_\_\_\_\_

Insured's Signature