

Project Specific Supplemental Application

Insured:

Project owner:

Prime contractor (if not the insured):

Description of project/operations to be performed by the Insured:

Estimated start date:

Estimated completion date:

Project location:

Contract or job number:

Contract value:

Materials cost:

Subcontract cost:

Limit requirements:

Are any operations subbed out by the insured? Yes ☐ No ☐ Percentage of work subcontracted: If
yes, please explain:

Are the subcontractors insured? Yes ☐ No ☐ Certificates Provided? Yes ☐ No ☐

Percentage of revenue associated with professional services:

Type of professional services performed (design/build, construction management, supervision of subcontractors, etc.)

Number of professional service personnel on staff, if any:

Signed by insured or authorized representative

Date

Enclosures:

Project contract or bid specs Yes ☐ No ☐

Table of contents from health & safety manual or plan Yes ☐ No ☐