



**Atlantic Casualty  
Insurance Company**

## OCP Supplemental Application

(Complete along with ACORD application)

1. Named Insured: \_\_\_\_\_

2. Insured's mailing address: \_\_\_\_\_

3. Physical location of covered operation: \_\_\_\_\_

4. Contract designation and description: \_\_\_\_\_

5. Contract cost: \_\_\_\_\_

6. Anticipated start date of the project/job: \_\_\_\_\_

Anticipated completion date of the project/job: \_\_\_\_\_

7. Provide complete details of the premises safeguards, including fencing, lighting, 24 hour security, etc:

8. Designated contractors name and mailing address: \_\_\_\_\_

9. What is the experience and the years in business for the general contractor?: \_\_\_\_\_

10. Contractor's CGL limits: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Effective dates: \_\_\_\_\_

11. Does the general contractor name the insured as additional insured and provide a Waiver of Subrogation under their CGL policy? \_\_\_\_\_

12. Attach a copy of the certificate of insurance showing evidence of contractors insurance and insured's additional insured status as regards operations for the project.

13. Provide description of all General Liability claims for the General Contractor over \$10,000 in the past 5 years. Include loss runs.

14. OCP limits requested:                    500/500 \_\_\_\_\_                    1,000/1,000 \_\_\_\_\_