COC SUPPLEMENTAL

INSURED	
INSURED'S ADDRESS	
GC – IF NOT THE INSURED	
PROJECT DATA	
• **NAME OF PROJECT**	
• **LOCATION OF THE PROJECT**	
• **TYPE OF PROJECT**	
• **IS THIS A RENOVATION OR REMODEL?**	
• **IF SO, DO YOU REQUIRE COVERAGE FOR THE EXISTING STRUCTURE?**	**YES _____ NO_____**
• **IF YOU REQUIRE COVERAGE FOR THE EXISTING STRUCTURE, WHAT IS THE VALUE OF THE EXISTING STRUCTURE?**	
• **WHAT IS THE PROJECT START DATE**	
• **ESTIMATE PROJECT COMPLETION DATE**	
• **PROJECT TOTAL COST**	
• **PROJECT SUBCONTRACT COST**	
• **TYPE OF CONSTRUCTION**	
• **TYPE OF ROOF**	
• **AREA OF THE BUILDING [SQ FT]**	
• **NUMBER OF STORIES**	
PROJECT PROTECTION	**SPECIFY DETAILS FOR GUARDING & ALARMS AS THAT WILL HAVE A BEARING ON THE PREMIUM**
• **FENCED?**	
• **SECURITY?**	
• **LIGHTED?**	
• **ALARMED? – CENTRAL STATION OR LOCAL**	
OTHER PERTINENT INFORMATION	