

Project or Client Specific Coverage Addendum



THIS ADDENDUM IS PART OF THE APPLICATION SUBMITTED BY THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN THE APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS ADDENDUM.

A copy of the project proposal and contract may be required.

Named Insured(s):

Project Name:

Project/Contract No.:

Project Address:

City:

State:

Zip Code:

Coverage Requested:

Limits Requested:

Projected Gross Receipts:

Percentage Subcontracted:

Project Duration:

Specific Dates (if known):

Is a Projects-Completed Operations Extension Endorsement required? ☐ Yes ☐ No If **yes**, how many years?

Description of Operations to be performed (provide breakdown of project receipts if necessary):

Any environmental-related operations? If Yes, please describe.

Client Information

Client Name:

Client Address:

Additional Information/Coverage Requirements:

The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the information and statements in this addendum, including any attachment(s), are true and complete. The undersigned further understands that this addendum and any attachment(s) are part of the application submitted by the applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.

Date

Signature

Print Name

Title