

**TOPA INSURANCE COMPANY**

**C.O.C. QUESTIONNAIRE**  
**(Attach with ACORD application)**

Named Insured: \_\_\_\_\_

Construction Location: \_\_\_\_\_

Description of work to be done: \_\_\_\_\_

Estimated Cost of the job: \$ \_\_\_\_\_ Estimate length of the job: \_\_\_\_\_

What is the intended occupancy? \_\_\_\_\_ Total Area: \_\_\_\_\_

Will the insured be the owner/occupant? \_\_\_\_\_

Does the insured plan to sell part or all of the completed project? \_\_\_\_\_ Give details \_\_\_\_\_

Will the construction site be fenced and lit? \_\_\_\_\_

What additional security is available? (i. e. 24 hour guards, guard patrol, locked structure for building materials, watchman, fire extinguishers, etc.) Describe: \_\_\_\_\_

Name of General Contractor: \_\_\_\_\_ License No. \_\_\_\_\_

Name of General Contractor's Insurance Carrier and Limits: \_\_\_\_\_

\_\_\_\_\_ (Minimum of \$1,000,000 limit is required with Product/Completed Operations Coverage)

Is the insured a Builder, Developer or Contractor? \_\_\_\_\_ Describe: \_\_\_\_\_

If insured is a Builder, Developer or Contractor, will sub-contractors be hired? Yes  No  If yes:

Are sub-contractors licensed? Yes  No  Do you obtain evidence of insurance?

Yes  No

Is this a mid-term C. O. C. project? Yes  No ; If yes: what percentage is completed? \_\_\_\_\_%

Is this a REHAB/renovation? Yes  No  If yes, what is:

The value of the existing structure? \$ \_\_\_\_\_

The value of the Work to be Completed? \$ \_\_\_\_\_

The nature of renovation (i. e. - electrical, cosmetic, structural, etc.) \_\_\_\_\_

The estimated length of the job? \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date