



NCC Owner's Interest Application

A. GENERAL INFORMATION:

Named Insured(s): _____

If the Insured is a Limited Liability Company (LLC), please list the members of that LLC:

Any other requested named insured? Yes No

If yes, please complete the following:

Note: The names provided are not automatically approved for Named Insured Status. For us to consider each entity we require, at minimum, the following:

- ◆ A role and function on the project which makes them applicable for Named Insured status.
- ◆ Receive full risk transfer, via contract, from all subcontractors on the project (hold harmless, indemnification and Additional Insurance status.)

Entity Name	Role and Function of the Entity on the Project	Relationship to Primary Named Insured

Term of project: _____

Project Address: _____

Scope of Work:

of Stories: _____ Other: _____

Structural Nonstructural _____

Renovation Ground Up _____

End use of the Project: _____

Project Hard Costs: _____

(Please forward Project Budget—to include outline of both Hard and Soft Costs)

Is the use of a Tower Crane required for this project? Yes No

Does the project require any addition to floors? Yes No

B. GENERAL CONTRACTOR

General Contractor: _____

General Liability Carrier: _____

Total General Liability and excess limits being required for this job: _____

Does the contract with the Selected General Contractor provide hold harmless, indemnification and Additional Insured status to our Named Insured? Yes No

Is the selected General contractor paying all the subs on the project? Yes No

Is the selected General Contractor contracting all the subs on the project? Yes No

Is the selected General Contractor supervising al the subs on the project? Yes No

Other than the General Contractor, will the Named Insured hire any subcontractors directly?

Yes No

If yes, please complete the following:

Name of subcontractor to be hired directly	What work will the subcontractor be hired to perform?	Amount of the contract the subcontractor will be awarded	General Liability carrier for the subcontractor

C. OCCUPANCY

Will there be any occupancy during the project term? Yes No

Is coverage for the occupancy desired? Yes No

If yes, please complete the following:

i. Type of Occupancy: Commercial (Provide Details): _____ Residential

ii. Total # of Occupied Units/Square Footage: _____

iii. Any Losses in the past five years? (Please attach Loss Runs) Yes No

iv. How are tenants protected from construction activities? _____

What is in place at the location to protect its occupants from trespassers?

i. Are there security personnel at the location? Yes No

ii. Is there a doorman or similar individual to check access credentials? Yes No

iii. Are there security cameras in place at the location? Yes No

iv. Is access to the building limited via keys or card access? Yes No

D. DEMOLITION

Will there be any demolition of exterior walls or roofs? Yes No

If yes, please complete the following:

- ◆ Name of Demolition Contractor: _____
- ◆ Total Demolition Costs: _____
- ◆ How long will demolition last? _____
- ◆ What entity is contacting with and signing contracts with the Demolition Contractor? _____

- ◆ What safety precautions are in place to protect pedestrians? _____

E. PRIOR WORK

Has any work been all ready completed on the project? Yes No

If yes, please complete the following:

- ◆ When did work start? _____
- ◆ What work has been completed to date? _____

- ◆ Total Costs completed to date? _____
- ◆ Name of General Contractor who was responsible for the prior work completed? _____

- ◆ Name of the General Liability Carrier providing covered for Named Insured during the prior work? _____
- ◆ Policy Number of the policy providing coverage for Named Insured during the prior work? _____

F. INSPECTION CONTACT INFORMATION

Contact Name: _____
Contact Email: _____
Contact Phone Number: _____



NOTICE TO APPLICANT, PLEASE READ CAREFULLY:

THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATETIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT’S ACCEPTANCE OF COMPANY’S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSU- ANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COM- PANY OR OTHER PERSON FILES AN APPLICATION FOR

INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.



Signature of Applicant: _____ Date: _____

Applicant’s Printed Name: _____

Signature of Agent or Broker: _____ Date: _____

Agent or Broker’s Printed Name: _____ License No. _____