



**Project Information Sheet Wrap-up Insurance**

**Owner/Developer/Builder**

Contact Person: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Project Information**

Project Name: \_\_\_\_\_  
 LLC/ Company: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Est. Start Date: \_\_\_\_\_ Est. End Date: \_\_\_\_\_

<b><i>Project Details:</i></b>	<b><i>No. of Bldgs.</i></b>	<b><i>No. of Floors</i></b>	<b><i>No. of Units</i></b>
Detached Single Family	_____	_____	_____
Condominium	_____	_____	_____
Townhome	_____	_____	_____
Apartment Building	_____	_____	_____
Mixed Use	_____	_____	_____
Other (describe)	_____	_____	_____

**General Contractor**

GC Company Name: \_\_\_\_\_  
**Our GC Contact:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Project Manager:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Insurance Broker</b>		
Company Name:	_____	
Name of Agent:	_____	
Street Address:	_____	
City, State, Zip:	_____	
Phone:	Fax:	Email:
Wholesale Broker:	Company:	

<b>Insurance Policy(ies)</b>
<b>Please circle one: "OCIP" <u>or</u> "CCIP"</b>
Primary Insurance Carrier:
Policy or Binder No.:
First Named Insured:
Other Named Insureds:
<b>Policy Limits:</b>
- Per Occurrence: \$_____,000,000      - Completed Operations: \$_____,000,000
- General Aggregate: \$_____,000,000      - Personal/ Advertising: \$_____,000,000
SIR: _____ <b>or</b> Deductible: _____
Policy Start Date: _____ Policy End Date: _____
Is there coverage for Subsidence? _____
Are design professionals covered by the OCIP/CCIP? _____
Are defense costs inside or outside the limits? _____

1 <sup>st</sup> Excess Insurance Carrier:		
Policy or Binder No.:		Does Excess Follow Form?:
Policy Limits:		
Additional SIR/Deductible:	Term Start:	Term End:

2 <sup>nd</sup> Excess Insurance Carrier:		
Policy or Binder No.:		Does Excess Follow Form?:
Policy Limits:		
Additional SIR/Deductible:	Term Start:	Term End:

<b>Claims Administrator</b>		
Company Name:	_____	
Contact Person:	_____	
Mailing Address:	_____	
Phone:	Fax:	Email: