

COMPLETED OPERATION ADDITIONAL INSURED (CG 20 37) QUESTIONNAIRE

Named Insured: _____

Policy Number: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

To help determine insurable interest and acceptability, please complete the following:

Name of Person or Organization seeking additional insured status: _____

1. **Is there a contractual obligation to name the above additional insured?** ☐ Yes ☐ No

If No, explain: _____

2. **What is the insurable interest of the Additional Insured (e.g. general contractor, owner, developer, manager of premises, etc.)?** _____

3. **Describe the work the named insured will perform for the additional insured:** _____

4. **What are the operations of the requested additional insured?** _____

5. **If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest?** ☐ Yes ☐ No ☐ N/A

If No, separate additional insured endorsements are required.

6. **Does the additional insured maintain their own General Liability insurance to cover their operational exposures?**

☐ Yes ☐ No

7. **Complete the following regarding the work to be performed:**

☐ Commercial

☐ Industrial

☐ New Construction

☐ Remodeling Interior

☐ Repair and Service

☐ Room Additions or Other Structural Alterations

☐ Residential

If Industrial or Commercial:

Project is occupied by or will be occupied by what type of business (e.g.: retail stores, restaurant, warehouse, etc.) _____

If Residential new, room addition or remodeling construction, is it:

☐ Apartments ☐ Condominiums or Conversion to Condominiums

☐ Dwellings (1,2,3,4) ☐ Town Houses

☐ Tract Housing or Subdivision Construction or Development

Project/Job Information:

Estimated Start Date: _____ Estimated Completion Date: _____

Project/Job Location: _____

Contract Number: _____ Job Number: _____

Cost of Job: \$ _____

Is the above project/job work required because of a prior construction defect claim? ☐ Yes ☐ No

If yes, submit prior to binding additional insured coverage.

PRODUCER'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

