

**OWNERS & CONTRACTORS PROTECTIVE (OCP) LIABILITY
SUPPLEMENTAL**

Name of Szura & Co. Inc. Client:

Designated Contractor for OCP Policy: _____
Address of the Designated Contractor: _____

Complete description of operations being performed for this project: _____

Start Date: _____ Finish Date: _____
Cost of Contract: _____

Project Name: _____

Exact address of project: _____

Limits of Liability Required: _____ Occurrence
_____ Aggregate

Primary General Liability Limits: _____
Excess or Umbrella Limits: _____
Carrier for Primary and Excess General Liability: _____

		Yes or No (If Yes, please explain)
Does the job involve:	an airport?	_____
	blasting?	_____
	water exposure?	_____
	demolition?	_____
	highrise (over 4 floors)	_____

Are you using subcontractors? _____
If so are their General Liability limits at least equal to yours? _____

Type and cost of work subcontracted:

Szura & Company, Inc.
P O Box 80373
Rochester, MI 48308-0373
Office: 248-651-4487
Fax: 248-651-3751