

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 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	

If Industrial or Commercial:

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



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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.