



ROCKHILL
INSURANCE COMPANY

PROJECT SPECIFIC SUPPLEMENT

1. APPLICANT'S NAME:		
2. PROJECT NUMBER:		
3. PROJECT COST: \$		
4. PROJECT OWNER'S ADDRESS:		
5. IS THE PROJECT OWNER REQUESTING ADDITIONAL INSURED STATUS:		Yes No
6. PROJECT LOCATION (FULL LEGAL ADDRESS):		
7. DESCRIBE OPERATIONS TO BE PERFORMED BY THE NAMED INSURED:		
8. PROJECT START DATE:		
9. ESTIMATED COMPLETION DATE OF PROJECT:		
10. CONTRACT PRICE: \$		
11. PROJECT DESCRIPTION:		
12. LIMITS REQUIRED:		
13. LIST ANY OTHER ADDITIONAL INSURED REQUESTS AND INTERESTS:		

The undersigned authorized officer of the Applicant declares that the preceding statements and particulars contained in this are true and the undersigned has not suppressed or misstated any material facts and agrees that this declaration shall be the basis of any contract between the Applicant and Rockhill Insurance Company. The undersigned authorized officer understands that Rockhill will rely on the information provided herein and agrees that if any information supplied on the application changes between the date of the application and the effective date of the insurance, the undersigned will immediately notify Rockhill of such changes. Rockhill has the sole and absolute discretion, at any time, to accept or reject this application.

SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR ROCKHILL TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION AND ANY ADDITIONAL INFORMATION PROVIDED BY THE APPLICANT BECOMES A PART OF THE POLICY.

Form Completed by:

Date: