COMPLETED OPERATIONS 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:

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 ☐ Town Houses ☐
   Dwellings (1,2,3,4) ☐ 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.)

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.*