

# Atlantic Casualty Insurance Company

## 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:**

- |                                             |                                                                         |
|---------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Commercial         | <input type="checkbox"/> Industrial                                     |
| <input type="checkbox"/> New Construction   | <input type="checkbox"/> Remodeling Interior                            |
| <input type="checkbox"/> Repair and Service | <input type="checkbox"/> Room Additions or Other Structural Alterations |
| <input type="checkbox"/> 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.*