



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:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Apartments | <input type="checkbox"/> Condominiums or Conversion to Condominiums | <input type="checkbox"/> Town Houses |
| <input type="checkbox"/> Dwellings (1,2,3,4) | <input type="checkbox"/> 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.