

**CONSTRUCTION SUPPLEMENT**



**PREFERRED  
CONCEPTS LLC**

Date: \_\_\_\_\_ First Named Insured: \_\_\_\_\_

Existing Participant       New Participant      Location Number: \_\_\_\_\_

Name of Construction Entity(ies) you are looking to insure:

1)

Owner       GC       CM       Other (Describe:)

2)

Owner       GC       CM       Other (Describe:)

3)

Owner       GC       CM       Other (Describe:)

If Prospective Entity(ies) is/are not the GC or CM, please list (by name and address) the contractor:

Address of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Work: Tenant Fit-Out	% Interior _____	% Exterior _____
Minor Repair or Renovation	% Interior _____	% Exterior _____
Major Repair or Renovation (incl. Structural Work)	% Interior _____	% Exterior _____
New Construction	% Interior _____	% Exterior _____

Describe, in detail, the type of construction operation performed:



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Cost of Project (Hard Costs): \$ \_\_\_\_\_  
Total Project Cost: \$ \_\_\_\_\_  
If existing participant, projected cost for balance of term: \$ \_\_\_\_\_

Duration of Project: Est. Start Date: \_\_\_\_\_  
Est. Completion Date: \_\_\_\_\_

Does prospect sub-contract work?  Yes  No

Percentage of work sub-contracted? \_\_\_\_\_ %

Does the prospect provide Engineering or design work?  Yes  No

**If Yes**, please describe:

Is the job site protected?  Fenced?  Security?  (Indicate Hours: \_\_\_\_\_)

Are there contracts with ALL contractors and sub-contractors indemnifying and holding harmless owner with insurance requirements of at least \$1,000,000?  Yes  No

**If No**, explain:

Are there certificates of insurance obtained from all contractors in accordance with contract(s) that include our Prospect as Additional Insured?  Yes  No

**If No**, explain:

Notes: