



DECOTIS
SPECIALTY INSURANCE

PROJECT SPECIFIC COVERAGE REQUEST APPLICATION

**NOTE: THIS FORM MUST BE SUBMITTED ALONG WITH A FULLY COMPLETED APPLICATION FOR
INSURANCE**

Applicant: _____

Project #: _____

Project Owner: _____

Project Owner's Address: _____

Is Project Owner requesting additional insured status? _____

Project Location (Full Legal Address): _____

Operations to be performed by the Named Insured: _____

Project Start Date: _____ Estimated Completion Date: _____

Contract Price: \$ _____

Project Description: _____

Limits Required: _____

Coverage Required: _____

List any other additional Insured Request and Interest: _____

Form completed by: _____ Date: _____