



## PROJECT-SPECIFIC COVERAGE APPLICATION

1. Applicant: \_\_\_\_\_
2. Policy Number (If Assigned): \_\_\_\_\_
3. Project Name: \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Description of Operations or Services to be performed: \_\_\_\_\_

6. Gross Revenue for the subject project: \_\_\_\_\_

7. Project Duration: From \_\_\_\_\_ To \_\_\_\_\_

The Applicant represents that the answers given with respect to the foregoing questions are true, with no misrepresentations, omissions or other concealment of fact and agrees that any misrepresentation will constitute reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken

**SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR ALTA RISK, LLC TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION AND ANY ADDITIONAL INFORMATION PROVIDED BY THE APPLICANT BECOMES A PART OF THE POLICY**

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE