



**PROJECT MANAGER CONTACT INFORMATION:**

Name: Department  
 E-mail: Phone number

NOTE: All correspondence, including proof of coverage, will be sent solely to the project manager at the noted email address. They also serve as the primary contact for any follow-up needed to institute coverage on the project.

**PROJECT / BUILDING INFORMATION**

Project Name Project ID  
 Street Address  
 City State Zip Code  
 Summary description of project (use attachments to provide full details):  
 Construction Start Date  Expected Completion Date   
 Total Estimated Project Cost Enter value in whole dollars; ex. \$25.3M enter as \$25,300,000  
 Project Billing Code: CIP activity number:  
 Example: 120-20840-1436-001311-799641-0000-00000

**SPECIAL HAZARDS DECLARATIONS**

Indicate whether the project involves any of these conditions:

- work on or around any piers, marine, waterborne or waterfront site
- blasting / explosives
- excavation under or underpinning of existing structure
- new, ground up construction on previously undeveloped site
- some or all of the site falls within FEMA Flood Zone A/V

## GENERAL CONTRACTOR INFORMATION

Company name

Company address

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- Required fields are outlined in RED
- Please provide as much project information as possible
- Requests missing any of required information will not be processed
- Attach .pdf documents as needed to supplement the information given above

**SUBMIT YOUR COMPLETED REQUEST VIA EMAIL TO:**  
[HARVARD@CONNERSTRONG.COM](mailto:HARVARD@CONNERSTRONG.COM)