

Conversion Supplement

COLUMBIA INSURANCE COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF MID-AMERICA
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: _____ To _____

Name of conversion project _____

Address of conversion project _____

Owner of structure _____

Audit contact name _____ Phone number _____

Structure to be renovated: Vacant Building Condominium Apartment Family Residence

If other, please describe _____

1. Age of building (year built) _____

2. Number of units (homes/condos/lots) to be sold _____

3. Average sale price per unit _____

4. Estimated total receipts for conversion project _____

5. Name of the general contractor who will perform renovation _____

a. Will the general contractor be separately insured for this project? Yes No

6. List improvements to be made to the roof _____

a. Will the entire roof be replaced? Yes No

7. List improvements to be made to the windows _____

a. Will all windows be replaced? Yes No

8. Please list all other improvements to be made _____

9. Would you like Extended Completed Operations coverage? Yes No

a. What is the appropriate statute of limitations in your state? _____

I acknowledge that I have read this application supplement and understand that:

THIS SUPPLEMENT IS A PART OF THE APPLICATION AND WILL BE RELIED UPON BY THE COMPANY AS AN INTEGRAL PART OF THE APPLICATION.

Completed by the Insured _____ Date _____

Insured's Signature