

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY****CONTRACT DIVISION – CONTRACTORS - ARTISAN - SUPPLEMENTAL APPLICATION**

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

YEARS IN BUSINESS / EXPERIENCE

____ Years in business as the 'Named Insured' indicated on this application

____ Years' experience in the operations indicated on this application - Attach resumes if available

- ☐ Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

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- ☐ Applicant in receivership
☐ Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LICENSING

- ☐ Licensed License Number: _____ Year License Issued: _____

CONTRACTS

- ☐ Written contracts are always used with third parties. If not, explain:

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LOSS HISTORY

- ☐ Three years of loss history information on ACORD application or attached to this application

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OPERATIONS

States where work is anticipated during the policy term:

You work in the capacity of a ☐ General Contractor ____% of the time, and/or ☐ Subcontractor ____% of the time

Commercial / Industrial Work – New-Ground-Up Construction	____%
Commercial / Industrial Work – Remodeling (including additions), Repair, Service	____%
Residential Work – New-Ground-Up Construction	____%
Residential Work - Remodeling (including additions), Repair, Service	____%
Total of above percentages must equal 100%	100%

EXPOSURES

- ☐ Above Grade work exceeds 20 feet. ____ Maximum height in feet ____% of work above 20 feet
- ☐ Below grade work exceeds 36 inches ____ Maximum depth in feet ____% of work below 3 feet
- ☐ Alarm Contractors only: ☐ Alarm Monitoring by Insured ☐ Alarm Monitoring by Third Party
- ☐ Floor waxing exceeds 10% of annual receipts ____%
- ☐ LPG work exceeds 10% of annual receipts ____%
- ☐ Multi-family habitation related work (apts, condos, coops, townhouses, tract homes) % of operation: ____%
- ☐ Rental of Equipment to third parties. Describe equipment: _____
- ☐ Roofing (If payroll exceeds \$7500 for roofing related work a Roofing Supplemental Application is required)
- ☐ Vanish, Lacquer, Paint, Glue-Controls in place including proper disposal of rags (spontaneous combustion)

LAST THREE JOBS

Project Name	Description of Project	Location of Project (City and State)	Project Cost	Year Project Completed
			\$	
			\$	
			\$	

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable. Exceptions allowed in Texas subject to Company guidelines.
- **Describe type of work performed by subcontractors:**

- Risk Transfer – Subcontractors (check if applicable):
 - ☐ A.I.A. Standards followed when establishing contracts with subcontractors
 - ☐ Additional Insured – Status granted to you on the subcontractor's policy
 - ☐ Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
 - ☐ Hold harmless and Indemnification Agreements – Required from subcontractors
 - ☐ Job to Job - Same set(s) of subcontractors usually used
 - ☐ Limits of Liability - Subcontractors are required to carry limits equal or above your own
 - ☐ Uninsured subcontractors – Sometimes used – Explain: _____
 - ☐ Workers compensation (if applicable) – Subcontractors required to have their own WC

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EMPLOYEES

- Total Number of Employees (include leased employees): _____
- Describe type of work performed by employees:

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PAYROLLS / COSTS

All Owner Payroll (Cap at \$16,000 per Owner)	\$
All Employee Payroll (if any)	\$
All Leased Employee Payroll (if any)	\$
Cost of Insured Subs (if any)	\$
Cost of Uninsured Subs (if any)	\$

RECEIPTS

All Operations	\$
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DISCONTINUED OPERATIONS / DISCONTINUED NAMED INSURED

- ☐ Acted in the capacity of a General Contractor and/or Construction Project Manager on new-ground-up residential construction (defined as apartments, condos, co-ops, homes or townhomes) in past 10 years.
- ☐ Discontinued Operations for this application's Named Insured(s) in the past 10 years. Provide details below:

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- ☐ Operated under a different 'Named Insured(s)' in the past 10 years. Indicate the Named Insured(s) and corresponding operations for the Named Insured(s) below:

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COVERAGE OPTIONS - LIABILITY (check if you would like An optional quote on any of the following)

- ☐ Employee Benefit Liability – U058
- ☐ Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- ☐ High Limits General Liability
- ☐ Identity Recovery – i.e. Identity Theft – U651
- ☐ Locksmiths - Property Damage Extension – U082
- ☐ Medical Expense Limit of \$10,000 rather than \$5,000
- ☐ Overspray Coverage Limitation – U679
- ☐ Pollution Exclusion – Limited Exception for Short-Term Event – U146
- ☐ Professional Extension – Contractors Professional Liability Coverage Limitation – U146
- ☐ Stop Gap Liability – U066
- ☐ Storage Tank Pollution Liability - For all appointed Argo Pro (Environmental) agents, Storage Tank Pollution Liability Coverage is available. Ask your agent for a complete application for Storage Tank Pollution Liability Insurance if this coverage is needed. Forward all applications to: env@colonyins.com

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COVERAGE OPTIONS - PROPERTY (check if you would like an optional quote on any of the following)

- ☐ Building Ordinance or Law (Increased Cost of Construction) – U750
☐ Equipment Breakdown – U522 & U523
Property Coverage Enhancement: ☐ Bronze – U777C ☐ Silver – U777B or ☐ Gold – U777A
☐ Signs (Outdoor) – CP1440
☐ Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE