



**COLONY INSURANCE COMPANY
CONTRACTORS
SUPPLEMENTAL APPLICATION**

General Agent Name _____
Address: _____
Phone: _____
Fax: _____

Date: _____

Insured: _____ Location: _____

APPLICATION INFORMATION

Owner/Partner (16,000 ea.): \$ _____
Employee Payroll: \$ _____
Uninsured Subcontractor Payroll: \$ _____
Subcontractor Cost: \$ _____
Total Payroll: \$ _____
Total Receipts: \$ _____
Number of Employees: _____
Years in Business: _____
Years of Experience: _____
% resid/commercial/industrial _____

Risk is a (% of each):
General Contractor _____ %
Real Estate Developer _____ %
Subcontractor _____ %
(Totals 100%)
New Construction _____ %
Remodeling/Additions _____ %
Roofing Work _____ %
Repair/Service Work _____ %
(Totals 100%)

CONTRACTORS QUESTIONNAIRE

- Type of work done by you and your employees: _____
- Maximum number of stories: _____ Max. depth below grade: _____ ft.
- Alarm monitoring? ____ Yes ____ No. Alarm monitoring subcontracted? ____ Yes ____ No
- Any mobile equipment leased without operators? ____ Yes ____ No Any Snowplowing? ____ Yes ____ No
Type of equipment leased? _____
- Has the insured been involved in any construction of new residential properties ie. Custom homes, Trac or Condo developments in the past ten years? _____
- Describe any other operations. _____
- What precautions does the Insured take to properly ventilate the premises while applying or removing varnish, lacquers, or glue while refinishing or working on floors _____
- Any Roofing Done? ____ What %? ____ Any Hot Tar used? ____ Any Heat Application? ____
- List the last 5 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- Describe any losses: _____

COMPLETE FOR SUBCONTRACTED WORK

- What work are the subcontractors hired to do?
_____ % _____ % _____ %
- Are certificates of insurance obtained prior to subcontractors starting work? ____ Yes ____ No
Minimum Limits Required \$ _____
- Are you named as an additional insured on the subcontractor's policy? ____ Yes ____ No
- Do subcontractors carry Worker's Compensation? ____ Yes ____ No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____
Producer: _____ Date: _____