

COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY PELEUS INSURANCE COMPANY

CONTRACT DIVISION - GENERAL CONTRACTOR and PROJECT MANAGER - SUPPLEMENTAL APPLICATION ACORD Application also required - Check all applicable checkboxes below

General Agent:		Date:	
Insured:		<u>I</u>	
Insured Mailing Address:			
Insured's Web Address:			
Insured Contact Name:		Phone Number:	
	Managers with exposures to newwinhomes, tract homes). Somebuilders who subcontract out not make the market with the market of the market with	nost of their work are acceptable subject to Requires separate application, underwriting	
☐ Airport facilities ☐ Boring	Equip.Rental to third parties Hazardous material abatemen	Shoring or underpinning t Stadium construction	
☐ Boiler inspection☐ Bldg/Structure—raise or move	Landfills Nuclear	Stevedoring Subaqueous	
☐ Cantilevered construction☐ Cofferdam or caisson work☐ Dams / Levees / Reservoirs	☐ Pile Driving ☐ Pipelines ☐ Power generating facilities	Subways Tank construction or removal Tower construction	
☐ Drilling ☐ EIFS or EIFS related work	Railroad related Reclamation	Tunnels Wrap up participation	
YEARS IN BUSINESS / EXPERIENCE Years in business as the 'Named	Insured' indicated on this applications indicated on this application - Acyceancelled or non-renewed in pa	on ttach resumes if available	
Applicant in receivership Bankruptcy (Chapter 7, 11 or 13) ha ICENSING Licensed License Number:	s been filed in past 5 years	Year License Issued:	

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CONTRACTOR and PROJECT MANAGER - SUPPLEMENTAL APPLICATION

CONTRACTS Written contracts are always used with third parties. If not, expl	ain:		
LOSS HISTORY Three years of loss history information on ACORD application of the control of the	or attached to this application		
OPERATIONS			
States where work is anticipated during the policy term:			
Commercial Work – New-Ground-Up Construction	%		
Commercial Work – Remodeling (including additions)	%		
Residential Work – New-Ground-Up Construction	%		
Residential Work - Remodeling (including additions)	%		
Total of above percentages must equal 100%	100%		
**If any of the following are checked the Construction Project underwritten, priced and issued per the following: Consult on or manage projects that include new residential Engage in actual construction work (reclassify as an Execu Hire (including authority to dismiss/fire) subcontractors (Resupervise subcontractors (reclassify as an Executive Supervise)	construction (re-classify as Custom Homebuilder) tive Supervisor) classify as an Executive Supervisor)		
Exposure	% of Operations		
Construction Project Manager **	%		
Consultant	%		
Developer	%		
General Contractor	%		
Owner / Builder	%		
Subcontractor	%		
Other (Describe)	<u>%</u> %		
Other (Describe) Other (Describe)			
EXPOSURES Above Grade work exceeds 20 feet Maximum heig Below Grade work exceeds 3 feet Maximum dept Multi-family habitational related work (apts, condos, coops, tow) Rental of Mobile Equipment with or without operators to third pa	ht in feet % of work above 20 feet h in feet % of work below 3 feet houses, tract homes) % of operation:%		
Roofing (If payroll exceeds \$7500 for roofing a roofing supplemental application required)			
 Vanish, Lacquer, Paint, Glue or similar finish exposures All required equipment and procedures in place for finishing related work, including proper disposal of rags to prevent spontaneous combustion 			
Additional exposures not mentioned above:			

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CONTRACTOR and PROJECT MANAGER - SUPPLEMENTAL APPLICATION

SUBCONTRACTORS

• Uninsured subcontractors are not acceptable. Exceptions are allowed in Texas subject to Company guidelines.

•	Risk Transfer – Subcontractors:
	☐ A.I.A. Standard is 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

PAYROLLS and COSTS

Class	Employee Payroll	Sub Cost	Class	Employee Payroll	Sub Cost
Alarm Systems	\$	\$	Painting	\$	\$
Asbestos Removal	\$	\$	Paving Driveways/ Parking	\$	\$
Blasting	\$	\$	Paperhanging	\$	\$
Bridges / Elevated Roads	\$	\$	Plastering / Stucco	\$	\$
Carpentry	\$	\$	Plumbing	\$	\$
Communication Lines	\$	\$	Power Lines	\$	\$
Concrete	\$	\$	Process Piping	\$	\$
Debris Removal	\$	\$	Roofing	\$	\$
Demolition	\$	\$	Seismic Retrofitting	\$	\$
Drywall	\$	\$	Septic Tanks	\$	\$
Earthquake Repair	\$	\$	Sewer	\$	\$
Electrical	\$	\$	Sheet Metal Work	\$	\$
Excavation	\$	\$	Siding	\$	\$
Fire Damage Restoration	\$	\$	Sprinklers	\$	\$
Gas / Water Mains	\$	\$	Steel / Ornamental	\$	\$
Grading of Land	\$	\$	Steel / Structural	\$	\$
HVAC	\$	\$	Street / Road	\$	\$
Insulation	\$	\$	Supervisory	\$	\$
Landscaping	\$	\$	Swimming Pools	\$	\$
Lead Remediation	\$	\$	Tile / Stone / Marble	\$	\$
Masonry	\$	\$	Waterproofing	\$	\$
Mold/Spore Remediation	\$	\$	Water Damage Restoration	\$	\$
Oil or Gas Field Related (describe):	\$	\$	Other (describe):	\$	\$

NUMBER OF EMPLOYEES

Total Number of Employees (include leased employees):

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CONTRACTOR and PROJECT MANAGER - SUPPLEMENTAL APPLICATION

PAYROLLS / COSTS - COMBINED TOTALS

\$
\$
\$
\$
\$
\$ \$ \$ \$

RECEIPTS		
	All Operations	\$

DISCONTINUED OPERATION(S) / DISCONTINUED NAMED INSUREDS

☐ Water Back Up and Sump Overflow – U548

	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. Indicate specific year(s) of this type of exposure, number of units for the respective year(s) and the location(s) below:			
	Operated under a different 'Named Insured(s)' in the past 10 years. Indicate the Named Insured(s) and corresponding operations below:			
	Discontinued Operations for this application's Named Insured(s) in the past 10 years. Provide details below:			
COVER	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 Landscapers – Care, Custody and Control – U682 Medical Expense Limit of \$10,000 rather than \$5,000 Overspray Coverage Limitation – U679 Pollution Exclusion – Limited Exception for Short-Term Event – U680 Professional Extension – Contractors Professional Liability Coverage Limitation – U146 Property Damage Extension for Locksmiths – U082 Stop Gap Liability – U066 Storage Tank Pollution Liability • For all appointed Argo Pro (Environmental) agents, Storage Tank Pollution Liability Insurance if this coverage is needed. Forward all applications to: env@colonyins.com			
COVEF	RAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following) Building Ordinance or Law (Increased Cost of Construction) – U750 Equipment Breakdown – U522 & U523 Property Coverage Enhancement (choose only one): Bronze – U777C Silver – U777B Gold – U777C			

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GENERAL CONTRACTOR and PROJECT MANAGER - SUPPLEMENTAL APPLICATION

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

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