

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY  
PELEUS INSURANCE COMPANY**

**CONTRACT DIVISION – APARTMENTS and DWELLINGS – SUPPLEMENTAL APPLICATION**

ACORD Application also required - Check all applicable checkboxes below

<b>General Agent:</b>		<b>Date:</b>
<b>Insured:</b>		
<b>Insured Mailing Address:</b>		
<b>Insured's Web Address:</b>		
<b>Insured Contact Name:</b>		<b>Phone Number:</b>

**PROHIBITED** (check all that apply to your operations)

- Adult foster care
- Aluminum wiring, knob & tube or pigtail wiring, fuses rather than circuit breakers as well as Federal Pacific Stab-Lock electrical control panels
- Armed security guards, off duty peace officers acceptable
- Assisted living
- Condo conversions if original structure was not habitational use to begin with
- Halfway houses
- Heights of buildings are over 4 stories and not at least MNC construction, and 100% Sprinklered
- Homeless shelters
- Rehab centers
- Structural renovations

**SUBMIT** (check if applicable)

- Occupancy rate is under 75% annually. If under 75% what is actual occupancy? \_\_\_\_\_
- Single Family Dwellings (SFD's) If total exceeds 10 submit.
- Student housing exceeds 25% Number of student housing units \_\_\_\_\_
- Subsidized housing exceeds 25% Number of subsidized housing units \_\_\_\_\_

**SEPARATELY CLASSIFY, RATE AND UNDERWRITE**

- Exposures include Time Shares. Separately classify, rate and underwrite Time Share exposures using either class code 60012 – Apt Buildings or Hotels – Time-Sharing – 4 Stories or More, or class code 60013 – Apt. Buildings or Hotels – 4 Stories or More

**APARTMENTS and DWELLINGS - SUPPLEMENTAL APPLICATION**

**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)

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

**CONTRACTS**

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

**LOSS HISTORY / EVICTIONS / VIOLATIONS**

Three years of loss history information on ACORD application or attached to this application  
 Eviction(s) in past three years If yes, how many? \_\_\_\_\_  
 Violations of any city, county or state housing codes in past three years

**EXPOSURES / OPERATIONS / CONTROLS**

\_\_\_\_\_ Average monthly rent  
\_\_\_\_\_ Number of single family dwellings  
\_\_\_\_\_ Number of individual apartment units  
\_\_\_\_\_ Number of mobile home spaces  
\_\_\_\_\_ Number of time-share units (Complete Hotel-Motel-Time Share Supplemental Application)

Elevators (if present) are properly inspected and have all code required safety features  
 Fire extinguishers adequately placed in common areas and all are currently tagged  
 Manager lives on premises  
 Residents provided with contact(s) that provide 24/7 emergency services  
 Carbon monoxide detectors are in all living units  
 Smoke detectors are in all living units:  Battery operated  Hardwired

**FACILITIES (check if applicable)**

Bar/Tavern/Lounge  
 Beachfront  
 Boat Docks / Ramps / Slips If yes, total number of all: \_\_\_\_\_  
 Clubhouse – rented to residents only  
 Clubhouse – rented to non-residents  
 Convenience store  
 Fitness center  
 Hot tub  
 Lakes (must be posted no swimming) If yes, total acreage of all lakes: \_\_\_\_\_  
 Playground  
 Restaurant (complete Restaurant Supplemental Application)  
 Sauna / Steam Room

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**FACILITIES** (check if applicable) (continued)

Swimming Pool(s) (check if applicable)

Number of swimming pools: \_\_\_\_\_

- Meets Federal swimming pool/spa drain cover standards found in the Virginia Graeme Baker Pool and Spa Safety Act
- Depths marked, Life safety equipment placed in pool area, Rules posted
- Competitions     Diving Teams     Swimming Instruction
- Fenced completely with self-latching gate(s), if pool is outdoors
- Life guards     CPR trained     Subcontracted out
- Slides or diving boards    Maximum height: \_\_\_\_\_ feet

**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):
  - 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
  - Limits of Liability - Subcontractors are required to carry limits equal or above your own

**EMPLOYEES**

- Total Number of Employees (include leased employees): \_\_\_\_\_
- Work performed by employees that is not related to leasing activities or premises maintenance:

**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
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

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

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 and U523
- Property Coverage Enhancement:  Bronze – U777C,     Silver – U777B or     Gold-U777A
- Signs (Outdoor) 0 Co1449
- Water Back Up and Sump Overflow – U548

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**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