

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

**CONTRACT DIVISION – COMPUTERS AND TECHNOLOGY - 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-oriented applications
- Air and/or space work
- Automobile related (including diagnostics) computer equipment installation, service or repair
- Bulletin Board or Chat Room services
- Custom Software design or programming for use in air or space including airports,, industrial, manufacturing, medical, military or utility settings
- Custom software development (off the shelf non-custom is acceptable as long as not for a customer type prohibited in this list)
- Hardware manufacturing
- Internet service providers
- Medical equipment
- Military related work
- Utility related work
- Video game providers
- Website design for Financial Institutions or Matchmaking
- Website Hosting

**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

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**CONTRACTS**

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

**LOSS HISTORY**

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

**OPERATIONS / EXPOSURES**

- On Premises Activities. If yes, they are what percentage of the total exposure: \_\_\_\_\_ %

Describe:

- Off-Premises Activities at Customer Locations. If yes, they are what percentage of total exposure: \_\_\_\_\_ %

Describe:

- Products are sold by the insured. Describe what is sold:

**AFFILIATIONS**

- Affiliated with other firms If yes, describe:

**PROFESSIONAL DESIGNATIONS**

- Hold professional designations If yes, list: \_\_\_\_\_

**PROFESSIONAL LIABILITY**

- Applicant will have professional liability in place

**PROJECTS – (list the 3 largest projects over the past 3 years)**

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

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**SUBCONTRACTORS**

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

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- Risk Transfer – 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.
  - Limits of Liability - Subcontractors are required to carry limits equal or above your own
  - Professional liability – Subcontractors are required to maintain professional coverage

**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)	\$

**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 a 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

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**COVERAGE 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:  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