

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

**CONTRACT DIVISION – EMPLOYEE BENEFITS LIABILITY – CLAIMS MADE - 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>

<b>Policy Number (if being requested on a Colony Specialty renewal:</b>
<b>If new business and employee benefits liability coverage is currently provided indicate the following:</b> Policy Number _____ Policy Term _____ Retroactive Date _____

**COVERAGE NOT AVAILABLE IF YOU HAVE (check all that are applicable to your operations)**

- **Class codes:**
  - Golf Courses (11138, 44069, 44070, 44071)
  - Legal Services, attorney/law offices (66122, 66123)
  - Libraries (66309)
  - Schools (47468, 47471, 47473, 47474, 47475, 47476, 47477, 47478, 67508, 67509, 47510, 67511, 67512, 67513)
  - Golf Courses (11138, 44069, 44070, 44071)
  - Temporary Employment (43200)
- Locations in AR, LA, NM VT, MT, NY and/or VT**

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

- Applicants with any claims or known acts, errors or omissions in the past five years
- Monoline coverage, you must have the supporting CGL line-of-business
- More than 50 employees
- More than 5 locations

**EMPLOYEE BENEFITS LIABILITY – CLAIMS MADE - SUPPLEMENTAL APPLICATION**

**EMPLOYEES**

\_\_\_\_\_ Number of Full Time Employees

\_\_\_\_\_ Number of Part Time Employees IF eligible for benefits

**EMPLOYEE BENEFITS PROVIDED**

Insurance Plan	Self Insured	Employee Benefits Provided	Insurance Plan	Self Insured	Employee Benefits Provided
<input type="checkbox"/> .	<input type="checkbox"/> .	Disability Benefits (req. by state)	<input type="checkbox"/> .	<input type="checkbox"/> .	Pension Plan
<input type="checkbox"/> .	<input type="checkbox"/> .	Group Accident	<input type="checkbox"/> .	<input type="checkbox"/> .	Social Security Benefits
<input type="checkbox"/> .	<input type="checkbox"/> .	Group Health	<input type="checkbox"/> .	<input type="checkbox"/> .	Stock Option Plan
<input type="checkbox"/> .	<input type="checkbox"/> .	Group Life	<input type="checkbox"/> .	<input type="checkbox"/> .	Social Security Benefits
<input type="checkbox"/> .	<input type="checkbox"/> .	Group Long Term Disability	<input type="checkbox"/> .	<input type="checkbox"/> .	Workers Compensation
<input type="checkbox"/> .	<input type="checkbox"/> .	Group Profit Sharing Plan			

**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