

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

**CONTRACT DIVISION - LANDOWNERS and REAL ESTATE DEVELOPMENT - 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>

**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

**EXPOSURES / OPERATIONS / CONTROLS**

- Final use will be residential  
 Final use will be commercial  
 Final use will be industrial
- Insured is acting as their own general contractor  
 Insured is using a licensed general contractor that is insured elsewhere and provides additional insured status to applicant

**LANDOWNERS and REAL ESTATE DEVELOPMENT - SUPPLEMENTAL APPLICATION**

**SUBCONTRACTORS**

- Uninsured subcontractors are not acceptable.
- **Describe type of work performed by subcontractors:**

- 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
  - Hold Harmless and Indemnification Agreements – Required from subcontractors
  - Limits of Liability - Subcontractors are required to carry limits equal or above your own
  - Workers Compensation (if applicable) – Subcontractors required to have their own WC

**EMPLOYEES**

- Total Number of Employees (include leased employees): \_\_\_\_\_

**PROJECT COST**

Estimated project cost: \$ \_\_\_\_\_

**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

**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 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