

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

**CONTRACT DIVISION - OWNERS AND CONTRACTORS PROTECTIVE (OCP) - 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>

**WHO IS PURCHASING THIS POLICY**

- Named Insured (i.e. Project Owner)
- Designated Contractor on the behalf of the Project Owner (Policy will be in the Project Owner's name)

**DESIGNATED CONTRACTOR INFORMATION**

Copy of Certificate required at time of binding to confirm liability and excess/umbrella coverage details

Number of Years in Business	
License Number / Year Issued	
Umbrella Limit	
Primary GL Limits	

**CONTRACTS**

- Written contracts are being used

**LOSS HISTORY / VIOLATIONS HISTORY**

- 3 years of loss history information provided on ACORD or attached

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**OPERATIONS / EXPOSURES**

Description of Job - (What is being built or final use)		
Job Number		
Type of Trades Work Being Done		
Construction Type	<input type="checkbox"/> Frame	<input type="checkbox"/> Joisted-Masonry
	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Masonry-Non-Combustible
	<input type="checkbox"/> Modified-Fire-Resistive	<input type="checkbox"/> Fire-Resistive
Number of Stories		
Estimated Start Date	Estimated End Date	

**SUBCONTRACTORS**

No subcontractor exposures, if yes provide details:

**EMPLOYEES**

**Describe type of work performed by employees:**

**PROJECT'S TOTAL COST**

\$

**OCP LIABILITY LIMITS REQUIRED (check one)**

- OCP policies have only an 'Aggregate Limit' and an 'Each Occurrence Limit'
  - \$2,000,000 / \$1,000,000
  - \$1,000,000 / \$1,000,000
  - \$1,000,000 / \$500,000
  - \$500,000 / \$500,000
  - \$500,000 / \$250,000
  - \$250,000 / \$250,000

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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