



**COLONY INSURANCE COMPANY
CONTRACTORS
SUPPLEMENTAL APPLICATION**

General Agent Name _____
Address: _____
Phone: _____
Fax: _____

Date: _____

Insured: _____ Location: _____

APPLICATION INFORMATION

Owner/Partner (16,000 ea.):	\$ _____	Risk is a (% of each):	
Employee Payroll:	\$ _____	General Contractor	_____ %
Uninsured Subcontractor Payroll:	\$ _____	Real Estate Developer	_____ %
Subcontractor Cost:	\$ _____	Subcontractor	_____ %
Total Payroll:	\$ _____		(Totals 100%)
Total Receipts:	\$ _____	New Construction	_____ %
Number of Employees:	_____	Remodeling/Additions	_____ %
Years in Business:	_____	Roofing Work	_____ %
Years of Experience:	_____	Repair/Service Work	_____ %
% resid/commercial/industrial	_____ %		(Totals 100%)

CONTRACTORS QUESTIONNAIRE

- Type of work done by you and your employees: _____
- Maximum number of stories: _____ Max. depth below grade: _____ ft.
- Any mobile equipment leased without operators? ___ Yes ___ No Any Snowplowing? ___ Yes ___ No
Type of equipment leased? _____
- Describe any other operations. _____
- What precautions does the Insured take to properly ventilate the premises while applying or removing varnish, lacquers, or glue while refinishing or working on floors _____
- Any Roofing Done? _____ What %? _____ Any Hot Tar used? _____ Any Heat Application? _____
- List the last 5 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- Describe any losses: _____

COMPLETE FOR SUBCONTRACTED WORK

- What work are the subcontractors hired to do?
_____ % _____ % _____ %
- Are certificates of insurance obtained prior to subcontractors starting work? ___ Yes ___ No
Minimum Limits Required \$ _____
- Are you named as an additional insured on the subcontractor's policy? ___ Yes ___ No
- Do subcontractors carry Worker's Compensation? ___ Yes ___ No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____
Producer: _____ Date: _____