



**COLONY INSURANCE COMPANY
OWNERS AND CONTRACTORS
PROTECTIVE LIABILITY
SUPPLEMENTAL APPLICATION**

 General Agent Name
 Address: _____

 Phone: _____
 Fax: _____

Date: _____

APPLICATION INFORMATION

Named Insured & address: _____

Contractor Name & address: _____

Contractor's Years in Biz: _____ Contractor's Years of Experience: _____

Describe any losses: _____

Job Information:

Job Description (include job/contract # if available): _____

Job Location: _____

% Residential/Commercial/Industrial: _____% New Construction: _____%

Job Costs: \$ _____ # of stories: _____ Job completion date _____

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: _____

Mandatory: DCJ6550; OCP Dec; CG0009; U001OCP; CG2031; CG3131; OCP003; OCP004; OCP007; OCP008; OCP015; OCP048; CG3166; OCP070; OCP076; OCP089; U094; OCP173; (or state specific for AR, CT, FL, IN, KS, MT, NV, OK, PA, SC, VT, WA, WY); State Mandatory War/Terrorism Forms.
Optional Foms: CG2511; CG2805; CG2812; CG2935; CG2812; CG3115.