

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY** OR **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER.

Primary Insured Name: _____

If the Insured is a Limited Liability Company (LLC), please list the members of that LLC:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other requested named insured? Yes No

If Yes, complete the following:

NOTE: The names provided are not automatically approved for Named Insured status. For us to consider each entity we require, at minimum, the following:

- A role and function on the project which makes them applicable for Named Insured status.
- Receive full risk transfer, via contract, from all subcontractors on the project (hold harmless, indemnification and Additional Insurance status).

Entity Name	Role and Function of the Entity on the Project	Relationship to Primary Named Insured

Term of Project:

Project Address(es):

Scope of Work: *Provide details such as # of stories, structural/nonstructural, renovation/ground up, etc.*

End use of the Project: *i.e. Condo, Apt., Coops, Office, etc.*

Project Hard Costs: *Please forward Project Budget – To include outline of both Hard and Soft costs*

ADDITIONAL PROJECT DETAILS

- Is the use of a Tower Crane required for this project? Yes No
- Does the project require any addition to floors? Yes No
- How are sidewalks/premises maintained? (i.e. sidewalk maintenance, snow/ice removal, etc)

GENERAL CONTRACTOR

Provide the following information regarding the contractor being hired:

- a. Name of Selected GC _____
- b. General Liability Carrier _____
- c. Total General Liability and Excess limits being required for this job _____
- d. Does the contract with the Selected GC provide hold harmless, indemnification and Additional Insured status to our Named Insured? Yes No
- e. Is the selected General Contractor, paying all the subs on the project? Yes No
- f. Is the selected General Contractor, contracting all the subs on the project? Yes No
- g. Is the selected General Contractor, supervising all the subs on the project? Yes No
- Other than the General Contractor, will the Named Insured hire any subcontractors directly? Yes No
- h. If Yes, complete the following:

Name of subcontractor to be hired directly	What work will the subcontractor be hired to perform?	Amount of the contract the subcontractor will be awarded	General Liability carrier for the subcontractor

OCCUPANCY

- Will there be any occupancy during the project term? Yes No
- Is coverage for the occupancy desired? Yes No
- If Yes, complete the following:
 - a. Type of Occupancy: Commercial (Provide Details) _____ Residential
 - b. Total # of Occupied Units/Square Footage _____
 - c. Any Losses in the past 5 years? (Please attach loss runs.) Yes No
 - d. Tenants and workers use separate entry/stairwells? Yes No
 - e. How are tenants protected from construction activities?

What is in place at the location to protect its occupants from trespassers?

- a. Are there security personnel at the location? Yes No
- b. Is there a doorman or similar individual to check access credentials? Yes No
- c. Are there security cameras in place at the location? Yes No
- d. Is access to the building limited via keys or card access? Yes No

DEMOLITION

Will there be any demolition of exterior walls or roofs? Yes No

If Yes, complete the following:

- a. Name of Demolition Contractor _____
- b. Total Demolition Costs _____
- c. How long will demolition last? _____
- d. What entity is contracting with and signing contracts with the Demolition Contractor? _____
- e. Total GL and Excess Limits required for the Demolition Contractor?
- f. Demolition Contractor General Liability Carrier?
- g. Provide safety precautions in place to protect pedestrians: *(i.e. sidewalk closures, flagmen, fencing, etc)*

PRIOR WORK

Has any work been all ready completed on the project? Yes No

If Yes, complete the following:

- a. When did work start? _____
- b. What work has been completed to date? _____
- c. Total Costs completed to date? _____
- d. Name of the General Contractor who was responsible for the prior work completed? _____
- e. Name of GL Carrier providing coverage for Named Insured during the prior work? _____
- f. Policy Number of policy providing coverage for Named Insured during the prior work? _____

INSPECTION CONTACT INFORMATION:

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

FRAUD WARNING

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.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE