



**COLONY SPECIALTY INSURANCE COMPANY
OWNERS & CONTRACTORS PROTECTIVE LIABILITY
SUPPLEMENTAL APPLICATION**

1. Named Insured/Project Owner: _____

Mailing Address:

No. Street City State Zip

2. Designated Contractor: _____

Address: _____
No. Street City State Zip

3. Who is purchasing this policy? Designated Contractor Named Insured/Project Owner

4. Location of the Project:

Address: _____
No. Street City State Zip

5. Description of the Job, including job number, type of work being done, construction,
of stories, end use, etc.:

6. Anticipated start date: _____ Anticipated completion date: _____

7. Full Contract Cost \$ _____

8. OCP Limits Required: \$1MM/\$1MM Other _____

9. Contractors Coverage Information - **Copy of Cert Required at Time of Binding**

Primary General Liability Carrier Limits Policy Dates

Excess/Umbrella Carrier Limits Policy Dates

• Number of years in Business: _____

• Contractor Specializes in: _____ construction



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10. Description of all General Liability losses for the **contractor** over \$25,000 in the past 5 years:

11. What percentage of work will the contractor in #2 be doing? _____%

Description of work performed by subcontractors, and cost:

12. Are certificates of insurance obtained by the GC prior to subs starting work? YES NO

Minimum limits of \$1,000,000 required by the GC for subcontractors? YES NO

Written contract between Named Ins'd and GC w/hold harmless in favor of Named Insured? YES NO

Is the GC named additional insured on the subcontractors' policies? YES NO

Is the Named Insured named Add'l Insured on the GC's GL policy? YES NO

13. Does the project involve any of the following?

	YES	NO		YES	NO
Underground Tanks or Utilities	<input type="checkbox"/>	<input type="checkbox"/>	Jobs on Airport Premises	<input type="checkbox"/>	<input type="checkbox"/>
Blasting or Use of Wrecking Ball	<input type="checkbox"/>	<input type="checkbox"/>	Elevator or Escalator Work	<input type="checkbox"/>	<input type="checkbox"/>
LPG Work	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos/Mold/PCB/Lead Abatement	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Cleanup	<input type="checkbox"/>	<input type="checkbox"/>	Road/Highway/Bridge/Overpass	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Water/Disaster Restoration	<input type="checkbox"/>	<input type="checkbox"/>	Railroad work	<input type="checkbox"/>	<input type="checkbox"/>
Ships or Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	Piers/Wharves/Docks	<input type="checkbox"/>	<input type="checkbox"/>
Dams/Reservoirs/Jetty/Breakwater	<input type="checkbox"/>	<input type="checkbox"/>	Oil and Gas-Related projects	<input type="checkbox"/>	<input type="checkbox"/>
Industrial-Related Work	<input type="checkbox"/>	<input type="checkbox"/>	Work in Nuclear Power Plant	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "YES" answers.

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

SIGNATURES:

PRODUCER _____ DATE _____

APPLICANT _____ DATE _____