



**COLONY INSURANCE COMPANY  
CONTRACTORS  
SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Insured: \_\_\_\_\_ Location: \_\_\_\_\_

**APPLICATION INFORMATION**

Owner/Partner (16,000 ea.): \$ \_\_\_\_\_  
Employee Payroll: \$ \_\_\_\_\_  
Uninsured Subcontractor Payroll: \$ \_\_\_\_\_  
Subcontractor Cost: \$ \_\_\_\_\_  
Total Payroll: \$ \_\_\_\_\_  
Total Receipts: \$ \_\_\_\_\_  
Number of Employees: \_\_\_\_\_  
Years in Business: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
% resid/commercial/industrial \_\_\_\_\_%

Risk is a (% of each):  
General Contractor \_\_\_\_\_ %  
Real Estate Developer \_\_\_\_\_ %  
Subcontractor \_\_\_\_\_ %  
(Totals 100%)  
New Construction \_\_\_\_\_ %  
Remodeling/Additions \_\_\_\_\_ %  
Roofing Work \_\_\_\_\_ %  
Repair/Service Work \_\_\_\_\_ %  
(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  
Type of equipment leased? \_\_\_\_\_
- Describe any other operations. \_\_\_\_\_
- 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: \_\_\_\_\_