



**COLONY INSURANCE COMPANY
ARTISAN CONTRACTORS
SUPPLEMENTAL APPLICATION**

General Agent Name _____

Insured: _____ Date _____

Owner/Partner 16,000– (TX – 20,000) \$ _____
 Employee Payroll: \$ _____
 Uninsured Subcontractor Payroll: \$ _____
 Total Payroll: \$ _____
 Subcontractor Cost \$ _____
 Total Receipts \$ _____

Risk is a (% of each):

General Contractor _____ %
 Subcontractor _____ %

Type of Work Performed

Room Additions _____ %
 Repair/Service Work _____ %
 Structural Work _____ %
 Remodeling Work _____ %
 Other _____ %

General Information

License # & Type held _____
 Years in Business: _____
 Years of Experience: _____

Maximum # Of Stories _____
 Maximum Depth below Grade _____
 Any Roofing Performed Yes No
 If Yes complete a Roofing Supplemental
 (Prohibit Commercial Roofing)

Ground Up Construction _____ %
 % Residential _____ % (new residential _____ Yes _____ No)
 % Commercial _____ % Industrial _____ %

- Type of work done by you and your employees: _____
- Alarm monitoring? Yes No Alarm monitoring subcontracted? Yes No
- Any mobile equipment leased without operators? Yes No
- Type of equipment leased? _____
- Any snow plowing operations? Yes No Street Cleaning Yes No Public Streets & Roads? Yes No
- Has the ins'd ever been involved in any construction of new residential properties i.e. Custom homes, Tract or Condo developments, apts or Town Homes in the past 10 years or will they do so in the future? Yes No
- Have you ever been involved or are you involved in construction of residential room additions? Yes No
- Any LPG work? Yes No _____ % of total Any Floor waxing? Yes No _____ %
- 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 or finishing/refinishing cabinets - _____

- List the last 3 jobs including the cost of those jobs.

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

- Describe any losses: _____

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: _____