



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

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

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

**NAMED INSURED/PROJECT OWNER & ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**CONTRACTOR NAME & ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

Contractor's Years in Biz: \_\_\_\_\_ Contractor's Years of Experience: \_\_\_\_\_

Describe any losses: \_\_\_\_\_  
 \_\_\_\_\_

Limit Desired:

\$1,000,000/\$1,000,000     \$1,000,000/\$2,000,000     Higher Limits: \_\_\_\_\_

**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: \_\_\_\_\_