

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION - HOMEOWNERS ASSOCIATIONS - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

PROHIBITED (check all that apply to your operations)

- Adult foster care
- Aluminum wiring
- Assisted living
- Condo conversions if original structure was not habitational use to begin with
- Halfway houses, Homeless shelters
- Heights of buildings are over 4 stories and not at least MNC construction, and 100% sprinklered
- Marinas open to the public
- Rehab centers
- Saddle animals for hire
- Structural renovations

SUBMIT

- Occupancy rate is under 75% annually Occupancy is actually _____ %
- Single Family Dwellings (SFD's) if total exceeds 10
- Student housing exceeds 25% Student housing is actually _____ %
- Subsidized housing exceeds 25% Subsidized housing is actually _____ %

YEARS IN BUSINESS / EXPERIENCE

- _____ Years in business as the 'Named Insured' indicated on this application
 _____ Years' experience in the operations indicated on this application - Attach resumes if available
- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

HOMEOWNERS ASSOCIATIONS - SUPPLEMENTAL APPLICATION

CONTRACTS

- Written contracts are always used with third parties. If not, explain:

LOSS HISTORY / EVICTIONS / VIOLATIONS

- Three years of loss history information on ACORD application or attached to this application
 Eviction(s) in past three years If yes, how many? _____
 Violations of any city, county or state housing codes in past three years

EXPOSURES / OPERATIONS / CONTROLS

- New construction or new conversions Units remain for sale
- _____ Number of condominium or townhome units – owner occupied
_____ Number of condominium or townhome units – rented
_____ Number of condominium or townhome units – time share
_____ Number of single family dwellings – owner occupied
_____ Number of single family dwellings – rented
_____ Number of single family dwellings – time share
- Carbon monoxide detectors provided in all living units
 Elevators (if present) are properly inspected and have all code required safety features
 Fire extinguished adequately placed in common areas and all are currently tagged
 Security provided (must be unarmed) by third party who provides certificate confirming liability coverage
 Smoke detectors are in all living units: Battery operated Hardwired

FACILITIES (check if applicable)

- Bar/Tavern/Lounge
 Beachfront
 Boat Docks / Ramps / Slips If yes, total number of all: _____
 Clubhouse – rented to residents only
 Clubhouse – rented to non-residents
 Convenience store
 Fitness center
 Hot tub
 Lakes (must be posted no swimming) If yes, total acreage of all lakes: _____
 Playground
 Restaurant (complete Restaurant Supplemental Application)
 Sauna / Steam Room
 Swimming Pool(s) (check if applicable)
 Number of swimming pools: _____
 Depths marked, Life safety equipment placed in pool area, Rules posted
 Competitions Diving Teams Swimming Instruction
 Fenced completely with self-latching gate(s), if pool is outdoors
 Life guards CPR trained Subcontracted out
 Slides or diving boards Maximum height: _____ feet

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FACILITIES (continued) (check if applicable)

- Swimming Pool(s) Number of swimming pools: _____
 - Depths marked, Life safety equipment placed in pool area, Rules posted
 - Competitions Diving Teams Swimming Instruction
 - Fenced completely with self-latching gate(s), if pool is outdoors
 - Life guards CPR trained Subcontracted out
 - Slides or diving boards Maximum height: _____ feet
- Shuffleboard
- Tennis courts
- Volleyball courts

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable. Exceptions allowed in Texas subject to Company guidelines.
- **Describe type of work performed by subcontractors:**
- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor's policy
 - Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you.
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

EMPLOYEES

- **Total Number of Employees (include leased employees):** _____
- **Describe type of work performed by employees:**

COVERAGE OPTIONS - LIABILITY (check if you would like an optional quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like an optional quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

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GENERAL FRAUD STATEMENT (Not applicable in all states.)

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.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE