

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

**CONTRACT DIVISION - MANUFACTURING - SUPPLEMENTAL APPLICATION**

ACORD Application also required - Check all applicable checkboxes below

<b>General Agent:</b>	<b>Date:</b>
<b>Insured:</b>	
<b>Insured Mailing Address:</b>	
<b>Insured's Web Address:</b>	
<b>Insured Contact Name:</b>	<b>Phone Number:</b>

**PROHIBITED PRODUCTS** (check all that apply to your operations)

- Aerospace, airport or aviation related
- Auto parts if operating type or safety related
- Bridge components
- Chemicals
- Cosmetics
- Dam, Levee or Reservoir related
- Gas, fuel or oil refinery related, Petrochemical related
- Grain elevator, mill or silo related
- Heavy industrial equipment such as conveyors, cranes, injection molding, hydraulics, hydraulically controlled equipment, lifting devices, packing equipment, production line equipment, presses, textile machine related
- Herbal products
- Infant or toddler related
- Medical equipment
- Penal institution related
- Presses
- Pressure vessels
- Power plant or Utility related
- Railroad related
- Tobacco related
- Towers or tower components
- Underground mining related
- Underground storage tanks
- Welding equipment

## MANUFACTURING – SUPPLEMENTAL APPLICATION

### 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

### PRODUCTS

What is manufactured?

If a component for someone else's product what is the final use of that completed product?

Check all that apply:

- Product is manufactured by insured  
 Product is manufactured by a third party to the insured's specifications  
 Product is directly imported from the country of: \_\_\_\_\_  
 Product may be customized to customer specifications
- Product instruction and warning labels are reviewed by the insured legal representative
- Product is designed for use by the general public  
 Product is designed for use by specialized users, not the general public
- Product is sold under the insured's logo or company name  
 Product is sold with a serial number  
 Product has identification applied that makes it easy to recall products
- Product may be refurbished and then resold  
If yes, what product(s): \_\_\_\_\_
- Product may be previously used and sold without refurbishing.  
If yes, what product(s): \_\_\_\_\_
- Product may be previously used and but only resold after refurbishing and retesting  
If yes, what product(s): \_\_\_\_\_
- Product is manufactured to standards established by ISO 9000 or ISO 9002  
 Product is manufactured to standard(s) of (describe):

### UL LISTED

- Product has electrical components that are UL listed or UL approved

**MANUFACTURING – SUPPLEMENTAL APPLICATION**

**CONTRACTS**

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

**LOSS HISTORY**

- Three years of loss history information on ACORD application or attached to this application

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

**RECEIPTS**

All Operations	\$
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**DISCONTINUED PRODUCTS / DISCONTINUED NAMED INSUREDS**

- Discontinued Products. Provide details below:

- Operated under a different 'Named Insured(s)' in the past 10 years. Indicate the Named Insured(s) and corresponding operations for the Named Insured(s) below:

**COVERAGE OPTIONS - LIABILITY** (check if you would like a 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

**MANUFACTURING – SUPPLEMENTAL APPLICATION**

**COVERAGE OPTIONS - PROPERTY** (check if you would like a 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

**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