

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

CONTRACT DIVISION – PROPERTY - UNPROTECTED - 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:

SUBMIT

- Protection Class 9
- Protection Class 10

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 / CONTROLS

- At least one paved road provides access to insured buildings/structures
- Insured structures without at least one paved road are what distance from a paved road: _____ miles

Specifically, which insured structures: _____

- Paid Fire Department – or -
- Volunteer Fire Department
- Fire department is equipped with both pumper trucks and tanker trucks
Response time estimated to be (in minutes): _____

- Insured structures are accessible to a responding fire department year round
- Physical barriers, such as locked gate(s) would impact a responding fire department
- Hydrants are located within 1000 feet of insured structures
- If no hydrants describe any on site sources of water that could be used to fight a fire:

 Estimate of total gallons of water available from on site sources listed above: _____ gallons
 Maximum distance of on site water source from an insured structure is _____ feet

- Premises occupied or visited daily by either insured or employee(s)
- Structures that are insured for property are visible to neighbors
- Central station fire alarm system
- Central station burglary system

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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