



CONTRACTORS DISCONTINUED OPERATIONS SUPPLEMENTAL APPLICATION

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY** AN AUTHORIZED SURPLUS LINES INSURER.

Applicant	
Mailing Address	Website

1. Describe any installation, repair, service or other contract work. Include separate attachments as necessary, listing projects and related revenues for the last ten (10) years.

2. Is all contract work by Applicant or with Subcontractors supported by formal written contracts? Yes No

3. Is any work subcontracted to others? Yes No

If "Yes", describe what types and amount of work:

4. Are all contracts with Subcontractors, Suppliers and Vendors reviewed by legal counsel? Yes No

If "No", explain:

5. Do all contracts with Subcontractors and Suppliers require indemnity to the Applicant and holding the Applicant harmless from legal action? Yes No

If "No", explain:

6. Are Subcontractors and Suppliers required to carry insurance (at least GL and Workers Compensation)? Yes No

If "Yes", what types and limits? _____

If "No", explain:

7. Are Subcontractors and Suppliers required to provide the Applicant with "insured" status? Yes No

If "No", explain:

8. Are Subcontractors and Suppliers required to provide certificates of insurance to the Applicant? Yes No

If "No", explain:

9. Please provide a response to the following:

- a. Is any excavation, underground work or earth moving work done?
- b. Is any bridge, dam or tunnel work done?
- c. Is any marine work performed?
- d. Are any jobs involving blasting?
- e. Are any asbestos or other hazardous materials handled?
- f. Are any Architects on staff?
- g. Are any Professional Engineers on staff?

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

If "Yes", to any of the above, explain:

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FRAUD WARNING

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.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE