



**COLONY SPECIALTY INSURANCE  
ARTISAN CONTRACTORS  
SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_

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

Owner/Partner 16,000- (TX - 20,000) \$ \_\_\_\_\_  
 Employee Payroll: \$ \_\_\_\_\_  
 Uninsured Subcontractor Payroll: \$ \_\_\_\_\_  
 Total Payroll: \$ \_\_\_\_\_  
 Subcontractor Cost \$ \_\_\_\_\_  
 Total Receipts \$ \_\_\_\_\_

**Risk is a (% of each):**  
 General Contractor \_\_\_\_\_ %  
 Subcontractor \_\_\_\_\_ %

**General Information**  
 License # & Type held \_\_\_\_\_  
 Years in Business: \_\_\_\_\_  
 Years of Experience: \_\_\_\_\_

**Type of Work Performed**  
 Room Additions \_\_\_\_\_ %  
 Repair/Service Work \_\_\_\_\_ %  
 Structural Work \_\_\_\_\_ %  
 Remodeling Work \_\_\_\_\_ %  
 Other \_\_\_\_\_ %  
 Maximum # Of Stories \_\_\_\_\_  
 Maximum Depth below Grade \_\_\_\_\_  
 Any Roofing Performed  Yes  No  
 If Yes complete a Roofing Supplemental  
 (Prohibit Commercial Roofing)

Ground Up Construction \_\_\_\_\_ %  
 % Residential \_\_\_\_\_ % (new residential \_\_\_\_\_ Yes \_\_\_\_\_ No)  
 % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ %

- Type of work done by you and your employees: \_\_\_\_\_
- Alarm monitoring?  Yes  No Alarm monitoring subcontracted?  Yes  No
- Any mobile equipment leased without operators?  Yes  No
- Type of equipment leased? \_\_\_\_\_
- Any snow plowing operations?  Yes  No Street Cleaning  Yes  No Public Streets & Roads?  Yes  No
- Has the ins'd ever been involved in any construction of new residential properties i.e. Custom homes, Tract or Condo developments, apts or Town Homes in the past 10 years or will they do so in the future?  Yes  No
- Have you ever been involved or are you involved in construction of residential room additions?  Yes  No
- Any LPG work?  Yes  No \_\_\_\_\_ % of total Any Floor waxing?  Yes  No \_\_\_\_\_ %
- What precautions does the Insured take to properly ventilate the premises while applying or removing varnish, lacquers, or glue while refinishing or working on floors or finishing/refinishing cabinets - \_\_\_\_\_

• List the last 3 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

• Describe any losses: \_\_\_\_\_

**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: MJ King Insurance Services \_\_\_\_\_ Date: \_\_\_\_\_