



**COLONY INSURANCE COMPANY  
HANDYMAN  
SUPPLEMENTAL APPLICATION**

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

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

**APPLICATION INFORMATION**

Owner/Partner (16,000 ea.):	\$ _____	Subcontractor Cost:	\$ _____
Employee Payroll:	\$ _____	Total Payroll:	\$ _____
Uninsured Subcontractor Payroll:	\$ _____	Total Receipts:	\$ _____
Leased Employee Payroll:	\$ _____	Number of Employees:	_____

- Years in business: \_\_\_\_\_ Years of Experience: \_\_\_\_\_
- Are you licensed? \_\_\_\_ Yes \_\_\_\_ No Types of Licenses Held: \_\_\_\_\_
- Have you ever been or are you involved in any new residential construction of tract homes, condos, apartments, town homes or custom homes? \_\_\_\_\_
- Have you ever been or are you involved in the construction of residential room additions? \_\_\_\_\_

Risk is a (% of each):

New Construction	_____%	Roofing	_____%
Remodeling/Additions	_____%	Residential	_____%
Repair Work	_____%	Commercial	_____%
	(Totals 100%)	Industrial	_____%
		(Totals 100%)	

**CONTRACTORS QUESTIONNAIRE**

- Describe types of repair work done: \_\_\_\_\_

List the last 5 jobs including the cost of those jobs.

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

- Explain types of work performed by all insured and uninsured subcontract labor. \_\_\_\_\_

Are certificates of insurance obtained prior to subcontractors starting work? \_\_\_\_ Yes \_\_\_\_ No  
Minimum Limits Required \$ \_\_\_\_\_

- Maximum number of stories: \_\_\_\_\_
- Describe any losses: \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_