



OWNERS INTEREST 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

If the Insured is a Limited Liability Company (LLC), please list the members of that LLC:

1.		4.	
2.		5.	
3.		6.	

1. Project Name: _____

2. Project Address: _____

3. Is the Project limited to a specific floor? Yes No

If "Yes", please provide details:

4. Are there any other requested Named Insureds? Yes No

If "Yes", complete the following.

NOTE: The names provided are not automatically approved for Named Insured status. For us to consider each entity we require, at minimum, the following:

- A role and function on the Project which makes them applicable for Named Insured status.
- Receive full risk transfer, via contract, from all subcontractors on the project (hold harmless, indemnification and Additional Insurance status).

Entity Name	Role and Function of the Entity on the Project	Relationship to Primary Named Insured

5. Are there any other requested Additional Insureds? Yes No

If "Yes", complete the following.

NOTE: Blanket CG2018 Status will be provided for banks and mortgage entities. The names provided are not automatically approved for Additional Insured status. For us to consider each entity we require, at minimum, the following:

- A role and function on the Project which makes them applicable for Additional Insured status.
- Receive Additional Insured status from any direct hired contractor.

Entity Name	Role and Function of the Entity on the Project	Relationship to Primary Named Insured

6. What is the anticipated start date of the Project? _____
 What is the anticipated finish date of the Project? _____
7. What is the Total Construction Value of this Project? \$ _____
8. Describe the scope of work for this Project (provide as much detail as possible and include the end use of the Project):

9. Is the General Contractor known? Yes No
 If "Yes", complete the following:
- Name of General Contractor: _____
 - General Liability Carrier: _____
 - Total Occurrence Liability Limit (General Liability plus Excess Liability): \$ _____
10. Is the owner paying, contracting or supervising any subcontractors other than the General Contractor? Yes No
11. Will there be occupancy during the Project? Yes No
12. Is there any exterior work being done over five (5) stories? Yes No
13. Does the Project include the addition of any stories or vertical expansion? Yes No
14. Will there be any demolition to exterior walls or roof? Yes No
 If "Yes", complete the following:
- Is the General Contractor hiring a Demolition Subcontractor? Yes No
 - Total Demolition Costs: \$ _____
 - How is demolition being performed?

 - How long, in months, will demolition take? _____
 - What safety precautions are in place to protect pedestrians?

15. Is a Tower Crane used on this Project? Yes No
16. Has work started on this Project? Yes No
 If "Yes", complete the following:
- When did work start? _____
 - What work has been completed to date? _____
 - Total Costs completed to date: \$ _____
 - Name of the General Contractor who was responsible for the prior work completed:

 - Name of the General Liability Carrier providing coverage for the Named Insured during the prior work:

 - Policy Number of the policy providing coverage for the Named Insured during the prior work?

17. Who is responsible for maintaining sidewalks? Owner General Contractor Other (describe): _____

INSPECTION CONTACT INFORMATION

Name:	
Email:	Phone Number:

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