



**ADDITIONAL INSURED
SUPPLEMENTAL APPLICATION**

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

Insured Name	
Policy Number	Date

Name of Additional Insured:
Mailing Address:

Relationship to the Named Insured:

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Description of work being performed (please advise if any residential/habitational work is being performed):

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Specific job location: _____

Total Project/Job Costs: _____

Primary Wording Needed: Yes No

Waiver of Subrogation: Yes No

of Days Cancellation: Yes No

If "Yes", # of Days Requested: 30 45 60 90

Additional Comments/Questions:

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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