

This General Liability Renewal Application is for use by Colony insured's with no operational or ownership changes. If there has been a change in ownership or scope of operations or work focus we will require the [Argo Construction Supplemental Application](#) be completed and submitted.

Named Insured: _____ Renewal Date: _____

Mailing Address: _____ Policy Number: _____

1. Sales / Payroll / Cost for Next 12 months

Total Gross Sales	\$	Total Subcontractor Costs	\$	Total Employee Payroll	\$
Active Owners / Partners	#	Uninsured Sub Payroll	\$	Leased Employee Payroll	\$
Number of FT & PT Employees	#	Casual Laborers payroll	\$	Construction Manager payroll	\$

2. Describe Work or Trades performed by employees, leased workers, and casual laborers

Trade	Payroll	Trade	Payroll	Trade	Payroll
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$

3. Describe Work performed by subcontractors

Subcontractors are NOT used

Work Description	Cost	Work Description	Cost	Work Description	Cost
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$

Are all subcontractors required to provide Certificates of Insurance before they are allowed on the job site? Yes No

Are all subcontractors required to carry general liability insurance with Minimum Limits of \$1M/\$2M/\$2M? Yes No

Are all subcontractors required to carry workers compensation coverage with Minimum Limit of \$1M/\$1M/\$1M? Yes No

Do you have written contracts with all subcontractors? Yes No

Do the contracts require your subcontractor to indemnify you and hold you harmless? Yes No

Do the contracts require subcontractors to name you as an additional insured for ongoing work and completed operations? Yes No

4. Breakdown of Operation Type

Type	Commercial	Residential	Industrial
New Construction	%	%	%
Remodeling / Repair	%	%	%
Other			

	% New	% Remodel		% New	% Remodel
Apartments			Rental Property Units		
Condominiums			Tract Homes		
Custom Homes			Senior Housing		
Duplex/Triplex/Fourplex			Spec Homes		
Infrastructure/Site Work			Student Housing/Dorms		
Military Housing			Townhomes		

5. Have you ever, do you currently, or do you intend to be involved in new construction on the following:

- a. Single-family detached houses that are part of a tract? Yes No
If yes, what is the maximum number of units you have built in a tract development? _____
- b. Townhouses that are part of a tract? Yes No
If yes, what is the maximum number of units you have built in a townhome community? _____
- c. Infrastructure or site work associated with custom homes, single-family detached homes, or townhomes? Yes No
If yes, what is the maximum number of homes or units associated with your largest project? _____
- d. Duplex / Triplex / Fourplex? Yes No
If yes, what is the maximum number of units you have built in a community? _____

6. Describe the largest jobs / projects you've worked on in the past five years, including job value.

Description	Dollar Value
	\$
	\$
	\$

7. Describe all projects in progress and any planned to start in next 12 months & include job value.

Description	Dollar Value
	\$
	\$
	\$

8. Confirm you carry workers compensation insurance for your employees Yes No

9. Describe any changes to ownership or general operations in the past 12 months? _____

10. List All States you operate in: _____

11. Have there been any losses, claims or suits against you in the past five years? Yes No If Yes, include an explanation.

12. Are you aware of any circumstances, incident or accusation arising out of operations performed by you or on your behalf which may give rise to a claim? Yes No If Yes, include an explanation.

Excess

Underlying Coverage	Carrier	Eff/Exp Dates	Policy #	Policy Limits	Premium
Employers Liability					
Employee Benefits Liability					
Auto Liability					

Vehicle Type		# Owned	# Leased	0-50 MI	50-200 MI	Over 200 MI
Private Passenger						
Trucks	Light					
	Medium					
	Heavy					
	Ex Heavy					
Truck / Tractors	Heavy					
	Ex Heavy					
Trailer						
Semi-Trailer						

13. Have you been cited by OSHA for violations in the past five years? Yes No If Yes, include an explanation.

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