



**COLONY SPECIALTY INSURANCE  
HANDYMAN  
SUPPLEMENTAL APPLICATION**

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

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

**APPLICATION INFORMATION**

Owner/Partner (16,000 ea.): \$ \_\_\_\_\_ Subcontractor Cost: \$ \_\_\_\_\_ (Prohibited)  
 Employee Payroll: \$ \_\_\_\_\_ Total Payroll: \$ \_\_\_\_\_ (\$50,000 max)  
 Uninsured Subcontractor Payroll: \$ \_\_\_\_\_ Total Receipts: \$ \_\_\_\_\_ (\$100,000 max)  
 (submit if payroll or receipts are greater than our max amount)

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): Roofing \_\_\_\_\_% (if any Roofing, then refer to our Roofers PDQ for guidelines.  
 Incidental roofing requires a separate Roofing code and minimum premium)  
 New Construction \_\_\_\_\_% Residential \_\_\_\_\_%  
 Remodeling/Additions \_\_\_\_\_% Commercial \_\_\_\_\_%  
 Repair Work \_\_\_\_\_% Industrial \_\_\_\_\_%  
 (Totals 100%) (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: \_\_\_\_\_