

Real Estate Development Property Supplemental Application
(To be submitted with Acord General Liability application)

Important Note: If the insured is acting as a general contractor or performing infrastructure & construction activities, then Colony's General Casualty Contractors application is the appropriate supplement to complete.

Applicant: _____

Address: _____

1. Nature of planned development: Residential Commercial Other
 2. Provide complete description of project to be completed: _____

3. Job Duration (Provide start and finish dates): _____

4. Total number of Acres: _____ Total project cost: _____

Cost for next 12 months: _____

5. Is there job site protection? No Yes

If so, please describe: _____

If there are security guards, are they armed? No Yes

If armed, are they employees or independent contractors? No Yes

If an independent contractor, is insured named as an additional insured with hold harmless agreement? No Yes

6. Is a licensed general contractor hired for all infrastructure and construction activities? No Yes

7. Is insured named as an additional insured on the General Contractor's policy? No Yes
 Note: Certificate of Insurance showing additional insured status is mandatory.

8. Is there a written contract *between* the insured and the General Contractor with hold harmless and indemnification agreements in favor of the insured? No Yes

9. Does the General Contractor require Certificates of Insurance from subcontractors? No Yes

10. Is GC named as additional insured on all subcontractors' policies? No Yes

11. Does GC require subcontractors to sign hold harmless/indemnification agreements? No Yes

12. Is insured acting as a GC or performing infrastructure or construction activities? No Yes

13. Contractors GL & Umbrella Primary Carrier's A.M. Best Rating's: _____

* 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.

* not applicable in all states

Applicant Signature _____

Date _____

Producer _____

Date _____