

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

Named Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Location address: 1. \_\_\_\_\_

Location address: 2. \_\_\_\_\_

Location address: 3. \_\_\_\_\_

Has applicant ever filed Bankruptcy, chapter 7, 11 or 13? ☐ Yes ☐ No

If "Yes", please explain:

**1. Limits and Valuation Section – if the following required information is provided on an attached ACORD Property Application, the section can be skipped**

<u><b>Location 1</b></u>	<b>Coverage Limit</b>	<b>Cause of Loss (Basic, Broad, Special)</b>	<b>Coinsurance</b>	<b>Valuation (ACV, RC)</b>
Building	\$		%	
Business Income	\$		%	<input type="checkbox"/> 1/3 Monthly <input type="checkbox"/> 1/4 Monthly
Business Personal Property	\$		%	
Equipment Breakdown	\$		%	
Signs (Describe: _____)	\$	Basic only	%	ACV only
Fences (Describe: _____)	\$	Basic only	%	ACV only
Tenants Improvements & Betterments	\$		%	
Property Deductible	\$			
<u><b>Location 2</b></u>	<b>Coverage Limit</b>	<b>Cause of Loss (Basic, Broad, Special)</b>	<b>Coinsurance</b>	<b>Valuation (ACV, RC)</b>
Building	\$		%	
Business Income	\$		%	<input type="checkbox"/> 1/3 Monthly <input type="checkbox"/> 1/4 Monthly
Business Personal Property	\$		%	
Equipment Breakdown	\$		%	
Signs (Describe: _____)	\$	Basic only	%	ACV only
Fences (Describe: _____)	\$	Basic only	%	ACV only
Tenants Improvements & Betterments	\$		%	
Property Deductible	\$			

<u>Location 3</u>	Coverage Limit	Cause of Loss (Basic, Broad, Special)	Coinsurance	Valuation (ACV, RC)
Building	\$		%	
Business Income	\$		%	<input type="checkbox"/> 1/3 Monthly <input type="checkbox"/> 1/4 Monthly
Business Personal Property	\$		%	
Equipment Breakdown	\$		%	
Signs (Describe: _____)	\$	Basic only	%	ACV only
Fences (Describe: _____)	\$	Basic only	%	ACV only
Tenants Improvements & Betterments	\$		%	
Property Deductible	\$			

(If more than 3 locations on the policy, use multiple Property Questionnaires)

**If the following required information is provided on an attached ACORD Property Application, this section can be skipped.**

	LOCATION 1	LOCATION 2	LOCATION 3
<b>2. Construction</b>	<b>Building Construction</b>	<b>Building Construction</b>	<b>Building Construction</b>
1=frame 2=joisted masonry 3=non-combustible			
4=masonry non-combustible 5=fire resistive			
<b>3. Year built &amp; Updates</b> (If over thirty-five (35) years old, also indicate the year of last updates)			
Year Built			
Electrical			
Plumbing			
Heating			
Roof			
<b>4. Square Footage</b>			
<b>5. Protection Class</b>			
<b>6. Check all that apply:</b>	<b>Location #1</b>	<b>Location #2</b>	<b>Location #3</b>
Local Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Alarm Fire & Burglar– Protection device automatically signals monitoring company	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Burglar Alarm – Protection device automatically signals monitoring company	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are extinguishers inspected and tagged within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System			
• Is system maintained and tested annually by a contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**For the following questions, check Yes or No for each location to be covered.**

	Location #1	Location #2	Location #3
7. Is building vacant or unoccupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the property have: Aluminum Wiring . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Pacific Electric Stab-Lock Panels . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuses . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knob and Tube Wiring . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pigtailed Wiring . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the property in an area that is considered deteriorating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the property have a wood or pellet burning stove?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the property a MOBILE HOME or MOBILE OFFICE? (Does not include modular or prefab buildings)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all flammable materials stored in approved UL containers and/or cabinets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are all waste materials, including used rags, disposed of or contained in self-closing non-combustible containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are there any paint booths or paint rooms on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are the paint areas designed to conform to NFPA standards or UL approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is there any welding done inside the building? If "Yes", answer questions a., b. and c. below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are there specific safety procedures followed when welding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is area where welding is conducted free of flammable materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is there a fire extinguisher within 20 feet of the welding area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Optional Coverages: (applies to all locations)**

Additional Coverage Enhancements (select one) (Available for Special Causes of Loss Only)

- ☐ Premier Endorsement  
☐ Premier Plus Endorsement

Terrorism:

- ☐ select terrorism coverage  
☐ reject terrorism coverage

17. Loss History for Property only OR check here is hard copy loss runs attached <input type="checkbox"/>			
Policy Year	Date of Loss	Description of Loss	Amount Paid/Reserved
			\$
			\$
			\$

*Please complete additional questionnaires for more than three (3) locations.*

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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