



**COLONY INSURANCE COMPANY**  
**APARTMENT/SFD PDQ**  
**GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

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

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

**GENERAL INFORMATION**

\_\_\_\_\_ Year Built When were the following updates performed?  
 Heating: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Is wiring aluminum? \_\_\_\_\_ (Aluminum wiring is prohibited)  
 Plumbing: \_\_\_\_\_

**Total # of units:** \_\_\_\_\_ How many units with the following exposures:

- # \_\_\_\_\_ Assisted living, adult foster care, halfway house, homeless shelter or rehabilitation centers (All prohibited)
- # \_\_\_\_\_ Converted to condos
- # \_\_\_\_\_ Subsidized housing including housing authority (Prohibited if over 25%)
- # \_\_\_\_\_ Student housing (Prohibited if over 25%)
- # \_\_\_\_\_ Single family dwellings (If over 10, coverage is prohibited)
- # \_\_\_\_\_ Spaces used as Mobile home parks or courts (Not Eligible for Apartment Program)
- # \_\_\_\_\_ Timeshares (Not Eligible for Apartment Program)
- # \_\_\_\_\_ Undergoing major renovations (Prohibited)

- Is there an apartment manager on premises? \_\_\_\_\_ What are the average monthly rents \_\_\_\_\_
- Have there been any incidents of unlawful eviction within the last 3 years? \_\_\_\_\_
- Have there been any violations of any city, county or state housing code within the last three years? \_\_\_\_\_

**Occupancy Rate** \_\_\_\_\_ (Prohibited if less than 75% annually)

**#Stories** \_\_\_\_\_ If over 4 stories confirm building is 100% sprinklered, masonry non-combustible (or better) construction, life safety standards are met and an elevator maintenance agreement is in effect.

**Streets or roads:** Controlled by the insured? \_\_\_\_\_ If yes, how many miles? \_\_\_\_\_

**LIFE SAFETY & SECURITY**

\_\_\_\_\_ Confirm Fire Extinguishers are adequately placed and currently tagged  
 \_\_\_\_\_ Confirm smoke detectors are in all units? Battery ( ) or Hardwired ( )  
 \_\_\_\_\_ Confirm Security Guards are not armed (Armed guards are prohibited)

**RECREATIONAL FACILITIES**

# \_\_\_\_\_ Baseball diamonds, basketball, racquetball, shuffleboard, tennis or valley ball courts  
 # \_\_\_\_\_ Beach fronts or lakes. Acres of each lake \_\_\_\_\_  
 # \_\_\_\_\_ Bicycle trails Miles of each \_\_\_\_\_  
 # \_\_\_\_\_ Clubhouses – square footage of clubhouse \_\_\_\_\_, #Convenience Stores \_\_\_\_\_ # Fitness Centers \_\_\_\_\_  
 # \_\_\_\_\_ Docks # \_\_\_\_\_ Slips # \_\_\_\_\_ Boat ramps  
 # \_\_\_\_\_ Playgrounds or parks? # park acres \_\_\_\_\_  
 # \_\_\_\_\_ Restaurants – If restaurant, attach Restaurant/Tavern/Bar Supplemental Application  
 # \_\_\_\_\_ Swimming Pools # Saunas \_\_\_\_\_ # Spas \_\_\_\_\_  
 Confirm pools are fenced with self-latching gates \_\_\_\_\_  
 Confirm rules, hours and depth markers posted \_\_\_\_\_  
 Confirm life safety equipment is available \_\_\_\_\_  
 Confirm no slides or diving boards (Prohibited) \_\_\_\_\_

Describe all losses in the past 3 years: \_\_\_\_\_

Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? \_\_\_\_\_

Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership? \_\_\_\_\_ (Prohibited)

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_