



PROPERTY QUESTIONNAIRE

This Questionnaire is supplemental to and part of the ACORD Property Section (Acord 140) and our Colony Specialty Garage Application.

ALL APPLICANTS (EXCEPT VIRGINIA): BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER

VIRGINIA APPLICANTS: BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES 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:

If the following is provided on an attached ACORD Property Section, this section can be skipped.

1. Limits and Valuation Section - Please enter a limit under the location column.	Location #1	Location #2	Location #3
Building			
Business Personal Property			
Business Income <input type="checkbox"/> 1/3 Monthly Valuation <input type="checkbox"/> 1/4 Monthly Valuation			
Signs			
Fences			
Employee Tools			
Tenants Improvements & Betterments			
For the below valuation selection, please select one per location:			
Actual Cash Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Coverages:			
Premier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premier Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter square feet per location			
Enter Cause of Loss Per Location			
Enter Deductible Per Location			
Enter Coinsurance Per Location			

If any of the following is provided on an attached ACORD Property Section, the section can be skipped.

2. Please check all that apply:	Location #1	Location #2	Location #3
Local Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Station Alarm – Monitored twenty-four (24) hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglar Alarm – Monitored twenty-four (24) hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Perimeter Intrusion Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motion Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Answer below for each location listed: If over thirty-five (35) years old, indicate the year last update was made for:	Year	Year	Year
Electrical			
Plumbing			
Heating			
Roof			
4. Indicate the following for each location: 1=frame 2=joisted masonry 3=non-combustible 4=masonry non-combustible 5=fire resistive	Building Construction	Building Construction	Building Construction
5. Indicate the Protection Class code for each location:	Protection Class	Protection Class	Protection Class

For the following questions, check Yes or No for each location to be covered:	Location #1	Location #2	Location #3
6. 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
7. Does the property have circuit breakers? If "Yes", answer question a. 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. What is the brand name of your circuit breakers?			
8. 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
9. Does the property have a wood 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
10. Is the property a MOBILE HOME or MOBILE OFFICE?	<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. Are fire 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
12. Is there a sprinkler system?	<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. Is the sprinkler system maintained and tested annually by 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
14. 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
15. 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
16. 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
17. 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
18. 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. Is 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

Additional Comments:

19. Loss History for Property Only OR check here if hard copy loss runs attached

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