Specialty Lines
UNDERWRITERS
1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
Phone: 414-778-3560 • Fax: 414-778-3598

PRIOR ACTS COVERAGE SUPPLEMENTAL APPLICATION

Note: Any policy issued by the Colony Group will exclude coverage for any incidents known to the applicant or expiring insurance carrier prior to the effective date of any policy we issue. All known incidents must be reported to the expiring carrier and to us prior to binding.

Applicant Name:____

Address:____

1. Are procedures in place that require the documentation of accidents with a contemporaneous written report? ☐ No ☐ Yes
2. Are such incident reports maintained in a central location? ☐ No ☐ Yes
   If "No", describe record maintenance procedures:______________________________
   ____
3. Name and Title of the person responsible for maintenance of incident report records:
   ____
4. Total number of incidents recorded from_____(retroactive date on existing policy) until_____(today's date)?_______
5. How many of these incidents have been reported to your current or former insurance carrier?__________________
6. How many of these incidents have NOT been reported to any insurance carrier?____________________________
7. What criteria do you use to determine whether or not to report an incident to your current insurance carrier?_______
   ____
8. Are you or any of your officers, managers, partners or directors aware of any incidents or accidents which may give rise to a claim for which no incident report has been completed? ☐ No ☐ Yes
   If "Yes", how many such undocumented incidents or accidents have there been from________________ (retroactive date) until________(today's date)?______________________________
9. On a separate sheet of paper please describe each undocumented accident including a description of the accident, date, witness, types of injuries, name of injured persons, etc.
10. Attach copy of expiring policy declarations page.
11. Provide five years prior General Liability and Professional Liability insurance coverage information below:

Policy Term	Company	Limits	Occurrence or Claims-made	Retroactive Date
04/05				
03/04				
02/03				
01/02				
00/01				

* 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

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's Signature	Employer
Title	Date

NOTE: SIGNING THIS FORM DOES NOT BIND THE APPLICANT, THE COMPANY OR THE UNDERWRITING MANAGER TO COMPLETE THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.