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GARAGE APPLICATION

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

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

APPLICANT INFORMATION

Policy Period Requested: From _____ To _____

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone _____

Inspection Contact Person and phone # _____

Years this business entity has been **in operation**? _____

If less than three (3) years, explain in detail prior experience and any Specialized Training or Certification:

Business Entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other _____

What is your **Website address**? http://www._____

GENERAL UNDERWRITING INFORMATION

1. What are your total gross receipts for:

a) Dealer Sales: $_____

b) Service/Repairs: $ _____

2. Please provide your percentage of operations. Must total 100%. **(*complete additional Questionnaire.)**

	Repair	Sales
Private Passenger Autos, SUVs, Pick-ups and Vans Service (122100) or Sales (122000)	%	%
Antique/Classic Autos Service (122015) or Sales (122005)	%	%
Auction (122739) *		%
Boat Service (122016) or Sales (122006)	%	%
Commercial Trucks and Trailers Service (122101) and Sales (122001) *	%	%
Emergency Vehicle Service (122011) or Sales (122003) *	%	%
Farming & Construction Equipment Service (122017) or Sales (122007) *	%	%
Mobility Service (122108) with Dealer Operations (122109)	%	%
Motorcycle – Franchised Sales (122742) or Service (122748) *	%	%
Motorcycle – Non-franchised Sales (122742) or Service (122748) *	%	%
Parking Lots/Structures (122113)	%	
Repossessors (Storage Lot Only)(122114)	%	
RV Service – Motorhome and Camping Trailers (122010) or Sales (122009) *	%	%
Salvage Yard Service (122115) with Dealer Operations (122113) *	%	%
Storage Facilities/Lots (122102) *	%	
Towing Operators (122104)	%	
Valet (122103) *	%	
Wholesale Dealer (122740) *		%
Other:	%	%

3. Related Operations – Incidental to garage operations ***(Rating Basis is gross receipts unless otherwise specified)***

Related Operations Class	**Rating Basis**
Auto Parts/Over the counter parts and auto accessory sales	$
Bldg./Premises Lessors Risk located on the same premises you conduct garage operations ***Rating basis: Area in square feet***	
Car Washes – Self Service ***Rating Basis: Flat charge***	
Concessionaires – NOC	$
Gasoline Stations – Self Service ***Rating Basis: # of Gallons sold annually***	
Grocery Stores - NOC	$
Hotels & Motels (for beds and showers at a truck stop)	$
LPG Sales	$
Machine Shops – NOC (for machining work done for other garages)	$
Manufacturing/Assembly – describe operations in detail:	$
Offsite Welding Repairs (Agricultural)	$
Mobility/Adaptability Ramp/Accessory	$
Pressure/Power Washing	$
Restaurants (for food & drink prepared by insured, usually relates to auctions or truck stops)	$
Stores – NOC (Clothing/Supplies)	$
Vacant Land ***Rating basis: # acres***	
Welding (for offsite repair, usually relates to agriculture businesses) ***Rating basis: Flat charge***	

4. Locations where you conduct Garage Operations (include Zip Code) – or indicate operations are on mobile basis.

a)	
b)	
c)	
d)	

5. Do you have an ownership interest in or operate any other business? ☐ Yes ☐ No

a) If "Yes", provide business name and physical address: _____

b) Describe the operation of the business: _____

c) What is the relationship between the business indicated in question **a)** and the business we are being asked to insure? _____

d) Are there any shared employees between these businesses? ☐ Yes ☐ No

6. Do you rent any space at this location to another business? ☐ Yes ☐ No

a) If "Yes", what is the nature of that business? _____

b) Do renters carry their own insurance? ☐ Yes ☐ No

7. Do you lease or rent vehicles or dealer tags? ☐ Yes ☐ No

a) If "Yes", are the leasing or rental operations covered elsewhere? ☐ Yes ☐ No

b) Provide carrier name, policy number and policy dates? _____

8. Are autos loaned to customers? ☐ Yes ☐ No

a) Is there a contract agreement? ☐ Yes ☐ No

b) Do you get a copy of the driver's license? ☐ Yes ☐ No

c) Do you verify that the customer has auto insurance? ☐ Yes ☐ No

d) What is the minimum age? _____

9. Are firearms kept on the premises? ☐ Yes ☐ No

10. Do you have any dogs on the premises? ☐ Yes ☐ No
If "Yes", are they kept in a pen and away from customers during business hours? ☐ Yes ☐ No

11. Do you tow for hire? (If "Yes", complete Tow Truck Questionnaire) ☐ Yes ☐ No

12. Do you drive customers' vehicles for the purpose of pick up and/or delivery? ☐ Yes ☐ No
If "Yes", how many times per week? _____ How far from your shop? _____ miles.

13. How many Transporter or Repairer Plates **(Non-Dealer)** do you have? _____
If any, how are they used? _____
Provide plate numbers: _____

14. What is your lot security: ☐ None ☐ Fence & Gate ☐ Post & Cable ☐ In Building
☐ Other - Describe _____

15. Where are vehicle keys kept when the lot or shop is closed? ☐ Key Cabinet ☐ Taken Home ☐ In/On the Vehicle

16. Do you park customer's vehicles on the street? ☐ Yes ☐ No

17. Do you ever store or display autos, owned or non-owned, at a different location or lot other than where you conduct Garage Operations? ☐ Yes ☐ No
If yes, provide details of where and how often:

18. Racing:
a) Do you have an owned vehicle racing or exhibition exposure? ☐ Yes ☐ No
b) Do you service any vehicles involved in racing or exhibition events? ☐ Yes ☐ No
If "Yes", _____%
c) Do you sponsor any racing related activities? ☐ Yes ☐ No
If "Yes", provide details:

19. Prior Carrier Information (**must be completed unless New Venture**):

		Policy Year	**Premium**
Current Carrier			$
Prior Carrier			$
Prior Carrier			$

20. Loss History for three (3) Years (**must be completed unless New Venture**):
☐ No Known Losses ☐ Losses Reported in Last thirty-six (36) months (Attached loss runs or complete details below)

Date of Loss	**Amount**	**Description of Loss**

21. In the past three (3) years, have you ever had insurance for this type of operation cancelled, declined or the policy renewal refused? ***(Missouri Applicants - Do not answer this question)*** ☐ Yes ☐ No
If "Yes", explain:

22. DEALERS & SERVICE RATING EXPOSURE BASIS: Must list ALL Owners, Employees, Drivers & 1099 Contractors that are not required to carry their own insurance.
(This must be fully completed. If you attach a separate employee list, include all of this information for each person listed.)

Name	Date of Birth	Driver License Number	State of License	CDL? **Y/N**	Furnished Auto? **Y/N**	Personal Auto Policy in force? **Y/N**	Violations & Accidents Past Three (3) Years	**F**ull or **P**art Time	Job Title/Duties

Attach Additional Employee Extension if additional space is needed.

23. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS: List ALL Family members and non-family members (except customers) and indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished or if they have the opportunity to drive a scheduled auto?

Name	Date of Birth	Driver License Number	State of License	Will drive for or Work in business? **Y/N**	Furnished Auto? **Y/N**	Personal Auto Policy in force? **Y/N**	Violations & Accidents Past 3 Years	Relationship

24. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS:
Have all members of your household been disclosed on this application? ☐ Yes ☐ No
If "No", please explain:

25. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS:
Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? ☐ Yes ☐ No

SALES QUESTIONS

26. Do you have a dealer's license? ☐ Yes ☐ No

What state(s) are you licensed in? _____

27. What is the total number of plates issued in association with your dealer's license? _____

Category	How many plates for each category
Autos	
Boats	
Motorcycles	
Trailers	

28. Who drives or transports vehicles to your lot? ☐ Insured/Employees ☐ Contract Drivers ☐ Transporter

29. Do you drive newly acquired autos over three hundred (300) road miles (fifty (50) miles for KS, KY, NH, MD, ME or WV) from point of purchase to your lot? ☐ Yes ☐ No

If "Yes",

a) How many trips per year? _____

b) How far one-way for longest trip? _____ (road miles)

30. Do you deliver vehicles to customers after the sale is complete? ☐ Yes ☐ No

If "Yes",

a) How many trips per year? _____

b) How far one-way for longest trip? _____ (road miles)

c) Who drives the vehicles to the customer's destination?

☐ Insured/Employees ☐ Contract Drivers ☐ Transporter

31. How many vehicles do you sell per year? _____

a) What percentage is sold "sight unseen" over the internet? _____ (Vehicle sale is not completed on the lot)

If over 15% of total vehicles sold, provide website address: http://www. _____

b) How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)

c) What % of these are salvage titled vehicles? _____ %

32. If you repair salvage titled vehicles prior to sale, are repairs:

☐ Structural _____% ☐ Mechanical _____% ☐ Cosmetic _____%

33. Do you repossess the vehicles you sell yourself? ☐ Yes ☐ No

34. Do you always ride along on test drives? ☐ Yes ☐ No

If "No",

a) Do you get a copy of the customer's drivers license and verify that they carry insurance? ☐ Yes ☐ No

b) Do you allow over-night test drives? ☐ Yes ☐ No

SERVICE QUESTIONS

35. What percentage of your work is? (Must total 100%)

Alignment	%	Lift Kit (See # 40)	%	Sound/Alarm System	%
Batteries	%	Muffler	%	Suspension/Frame	%
Body (not fiberglass)	%	Oil & Lube	%	Tires (See # 42)	%
Brakes	%	Paint (See # 41)	%	Trailer Hitches	%
Engine Overhaul	%	Radiator	%	Transmission	%
Fiberglass	%	Roadside Assistance	%	Tune Up	%
Blade/Cutting Equip/Chippers	%	Wash/Detail	%	Frame Straightening (indicate) ☐ Laser ☐ Digital ☐ Optical ☐ Mechanical	%
Custom/Fabrication*	%	Performance Enhancement*	%	Other*	%

***Describe:**

36. Do you outsource or subcontract any work? ☐ Yes ☐ No
If "Yes", provide details and confirm certs are obtained:

37. Are signs posted to keep customers out of the work area? ☐ Yes ☐ No

38. Do you sell gasoline? ☐ Yes ☐ No
If "Yes", **a)** Is it: ☐ Self-Service ☐ Full Service
b) How many gallons do you sell annually? _____

39. Do you sell Liquefied Petroleum Gas (LPG)? ☐ Yes ☐ No
If "Yes", **a)** Is the storage tank protected by collision barriers? ☐ Yes ☐ No
b) Are "No Smoking" signs posted? ☐ Yes ☐ No
c) Do only qualified operators fill customer's tanks? ☐ Yes ☐ No
d) How many feet separate storage tank from adjacent buildings & vehicles? _____

40. If you install Lift Kits, do you lift over 6"? ☐ Yes ☐ No
What percentage is: Body Lifts _____% Suspension Lifts _____%
What is your training and experience? _____

41. If you paint, do you have a spray paint booth/separate room? ☐ Yes ☐ No
If "Yes", is booth/room well ventilated? ☐ Yes ☐ No

42. If you sell or service Tires (other than Motorcycle or Roadside Assistance) complete the following section:

a) What percentage of Tires sold are (quantity, not gross receipts):
New Tires _____% Used Tires _____% Recap Tires _____%

b) What percentage of your work is: Service only, no sales _____%
Describe: _____

c) What percentage of your work is:
Specialty Tires _____% Off Road _____% Racing _____% Const/ Farm Equip _____%

d) Do you perform quality control to verify proper installation, tightened lug nuts and matched tire sizes? ☐ Yes ☐ No

e) Do you sell new tires manufactured more than three (3) years ago? ☐ Yes ☐ No

f) For vehicles without dual axles, when selling less than four (4) tires, are the newest always installed on the rear axle? ☐ Yes ☐ No

g) Do you sell used tires manufactured over four (4) years ago, or with less than 4/32 of useable tread depth? ☐ Yes ☐ No

h) If you sell used tires, what method do you use to mark them? _____

COVERAGE REQUESTED (MUST BE COMPLETED IN ITS ENTIRETY)

☐ **Liability Limit:** $ _____ each accident, $ _____ aggregate

☐ Liability Deductible: ☐ $500 ☐ $1,000 ☐ $2,500

☐ **Medical Payments Limit:** $ _____ ☐ Premises Only ☐ Combined

☐ **Garagekeepers** If this coverage is chosen, please complete the following chart:

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit
1		$	$	
2		$	$	
3		$	$	
4		$	$	

Garagekeepers per policy options:

Choose One: ☐ Legal Liability ☐ Primary

Per Vehicle Deductible: ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000

Garagekeepers (coverages selected by location)**:**

Location #	Choose One for each location if coverage desired:		Check if coverage desired:
	Specified Causes of Loss	Comprehensive	Collision
1	☐	☐	☐
2	☐	☐	☐
3	☐	☐	☐
4	☐	☐	☐

Garagekeepers Wind/Hail/Flood Deductible Options (applies to Comprehensive Primary only)**:**

Location #	Wind/Hail/Flood Exclusion applies to:			Wind/Hail/Flood Deductible		Wind/Hail/Flood Deductible applies to:		
	Wind, Hail and Flood	Wind/Hail only	Flood Only	Per vehicle:	Aggregate:	Wind, Hail and Flood	Wind/Hail only	Flood Only
1	☐	☐	☐	$	$	☐	☐	☐
2	☐	☐	☐	$	$	☐	☐	☐
3	☐	☐	☐	$	$	☐	☐	☐
4	☐	☐	☐	$	$	☐	☐	☐

Garagekeepers Earthquake Restriction (applies to comprehensive primary only within building storage)

Location #	Earthquake per vehicle deductible:
1	$
2	$
3	$
4	$

☐ **Dealers Physical Damage** If this coverage is chosen, please complete the following chart:

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit
1		$	$	
2		$	$	
3		$	$	
4		$	$	

Per Vehicle Deductible: ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000

Dealers Physical Damage (coverages selected by location)**:**

Location #	Choose One for each location if coverage desired:		Check if coverage desired:
	Specified Causes of Loss	Comprehensive	Collision
1	☐	☐	☐
2	☐	☐	☐
3	☐	☐	☐
4	☐	☐	☐

Dealers Physical Damage Wind/Hail/Flood Deductible Options (applies to SCOL and Comprehensive)**:**

Location #	Wind/Hail/Flood Exclusion applies to:			Wind/Hail/Flood Deductible		Wind/Hail/Flood Deductible applies to:		
	Wind, Hail and Flood	Wind/Hail only	Flood Only	Per vehicle:	Aggregate:	Wind, Hail and Flood	Wind/Hail only	Flood Only
1	☐	☐	☐	$	$	☐	☐	☐
2	☐	☐	☐	$	$	☐	☐	☐
3	☐	☐	☐	$	$	☐	☐	☐
4	☐	☐	☐	$	$	☐	☐	☐

Dealers Physical Damage Earthquake restriction (applies only with in building storage)**:**

Location #	Earthquake per vehicle deductible:
1	$
2	$
3	$
4	$

Type of vehicles: ☐ New ☐ Used

Interests Covered: ☐ Owner ☐ Owner and Creditor ☐ Consignment

Loss Payee: _____

Optional Coverages:

☐ Additional Insured & Relationship _____

☐ Broad Form Products Liability

☐ Broadened Coverage – Garage

☐ Cyber Suite (Cyber Liability, Data Compromise, Identity Theft Recovery) ☐ Cyber Liability SERP

☐ Drive Other Car Coverage (Number of individuals other than spouse: _____)

☐ Errors and Omissions for Auto Dealers

☐ False Pretense – select limit: ☐ $25,000 ☐ $50,000 ☐ $100,000

☐ Fire Legal Liability: ☐ $50,000 ☐ $ _____

☐ Hired Auto – Cost of Hire: _____

☐ Waiver of Subrogation

☐ Watercraft Liability

☐ Commercial Property Coverage Part (attach Garage Property Questionnaire/Accord 140 **and** TRIA Notice)

Available for Dealers and Scheduled Autos only:

☐ Personal Injury Protection (signed state form selecting or rejecting coverage is required)

☐ Uninsured Motorist $ _____ (signed state form selecting or rejecting coverage is required)

Specifically Described Autos (use ACORD 127 for additional vehicles):

Are all the scheduled units registered and titled in the business name? ☐ Yes ☐ No

If "No", explain:

Auto #	Year	Make/Model	VIN	Radius	GVW	Primary Driver	Description of Use
1							
2							
3							
4							
5							

Auto #	Stated Amount	Comp or SCOL	COMP/SCOL Deductible	Collision	Collision Deductible	On-Hook	On-Hook Limit	Comp or SCOL (collision included)	On-Hook Deductible
1	$	☐ SCOL ☐ Comp	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000	☐ Yes ☐ No	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000	☐ Yes ☐ No	$ ☐ Check to include Bailees	☐ SCOL ☐ Comp	☐ $500 ☐ $1,000 ☐ $2,500
2	$	☐ SCOL ☐ Comp	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000	☐ Yes ☐ No	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000	☐ Yes ☐ No	$ ☐ Check to include Bailees	☐ SCOL ☐ Comp	☐ $500 ☐ $1,000 ☐ $2,500
3	$	☐ SCOL ☐ Comp	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000	☐ Yes ☐ No	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000	☐ Yes ☐ No	$ ☐ Check to include Bailees	☐ SCOL ☐ Comp	☐ $500 ☐ $1,000 ☐ $2,500
4	$	☐ SCOL ☐ Comp	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000	☐ Yes ☐ No	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000	☐ Yes ☐ No	$ ☐ Check to include Bailees	☐ SCOL ☐ Comp	☐ $500 ☐ $1,000 ☐ $2,500
5	$	☐ SCOL ☐ Comp	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000	☐ Yes ☐ No	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000	☐ Yes ☐ No	$ ☐ Check to include Bailees	☐ SCOL ☐ Comp	☐ $500 ☐ $1,000 ☐ $2,500

Optional Scheduled Auto Coverages:

☐ Rental Reimbursement

Maximum Daily Amount $_____ Number of Days _____

☐ SCOL

☐ Comp

☐ Collision

☐ Auto Loan/Lease Gap

☐ Additional Interest for autos only:

Vehicle #	Names/Address:	Interest
1		☐ Loss Payee ☐ Lessor
2		☐ Loss Payee ☐ Lessor
3		☐ Loss Payee ☐ Lessor

FRAUD STATEMENT/SIGNATURES

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT
(Not applicable in the states mentioned below where a specific warning applies.)

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.

Alabama
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland
Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma
WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania
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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Pennsylvania (Auto)
Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.

Tennessee, Virginia, Washington
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New York
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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York (Auto)
Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

Agent/Broker:
Are you personally familiar with this Applicant's operations? ☐ Yes ☐ No
Did your office control this risk in the past year? ☐ Yes ☐ No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE

Surplus Insurance Brokers Agency Inc.

Call 800-342-5706
Fax 800-578-7758 ▪ www.surplusins.com
Email quotes: submit@surplusins.com
P O Box 749, South Bend IN 46624-0749

HEAVY VEHICLE & EQUIPMENT QUESTIONNAIRE

This Questionnaire is supplemental to and part of the Colony Specialty Garage Application or the Colony Specialty Garage Renewal Application.

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

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

Business Trade Name: _____

1. What percentage of applicant's operations involve. (Must total 100%)

Boom Trucks/Bucket Trucks	%	Logging Trucks/Equipment	%
Buses	%	Military Vehicles	%
Construction Equipment	%	Mining Equipment *	%
Municipal Vehicles	%	Oilfield Equipment *	%
Cranes	%	Refrigerated Vans/Trailers	%
Farm Equipment	%	Semi-Trailers	%
Farm Implements	%	Tank Trailers/Tankers	%
Forklifts	%	Truck Tractors	%
Lawn/Tree Service Equipment	%	Other *	%

*Describe "Other" and type of equipment:

2. Where are applicant's operations performed? (Must total 100%)

Your Shop	%	Truck & Travel Center	%
Customer's Yard	%	Roadside	%

3. Type and Percentage of applicant's work. (Must total 100%)

Body & Paint	%	Repair Tank Trlrs (External)	%
Blades/Cutting Equip/Chippers	%	Snowplow Repair/Installation – *GVW of Vehicles:* _____	%
Brakes	%	Subcontracted out to others	%
Brakes - Logging Truck/Equipment	%	Structural/Frame Modifications *Do you cut frames between the axles?* ☐ *Yes* ☐ *No*	%
Engine Overhaul	%	Suspension/Frame Repairs	%
Fabrication *(Answer Question 7)*	%	Suspension - Logging Truck/Equipment	%
FMCSA Safety Inspection *(Answer Question 8)*	%	Tank Clean/Repair - Internal	%
Hydraulics - General	%	Tank Repair - External	%
Hydraulics – Lifting Apparatus	%	Tire Repair or Replacement	%
Lube & Oil	%	Tune Up	%
Power Train	%	Wash & Detail	%
Radiator	%	Other *	%
Refrigeration Unit (Cargo Area)	%		

*Describe "Other" work in detail:

4. Does applicant install, service or repair 5th Wheels? ☐ Yes ☐ No
If "Yes", what are the qualifications of the employees doing this work?

5. Are you and/or your mechanics ASE Certified? ☐ Yes ☐ No
If "No", how many years of training and experience do you require?_____

6. Do you test drive extra-heavy trucks or truck tractors away from garage premises on public roadways? ☐ Yes ☐ No
If "Yes", is at least one driver appropriately licensed with a CDL? ☐ Yes ☐ No

7. What parts, equipment, and accessories do you fabricate?

8. If applicant does FMCSA annual vehicle safety inspections, answer the following:

a] Does Inspector understand the FMCSA inspection criteria? ☐ Yes ☐ No

b] Has Inspector mastered the methods, procedures, tools and equipment used when performing an inspection? ☐ Yes ☐ No

c] Has Inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections? ☐ Yes ☐ No

d] Does Inspector have at least one (1) year of training and/or experience consisting of:

- participation in a manufacturer sponsored training program; or
- experience as a mechanic or inspector:

1] in a motor carrier maintenance program; or ☐ Yes ☐ No

2] in a commercial garage; or ☐ Yes ☐ No

3] for a State or Federal government? ☐ Yes ☐ No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE