Surplus Insurance Brokers Agency Inc.

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P O Box 749, South Bend IN 46624-0749

AUTO AUCTION 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.

Complete for each location

Business Trade Name _____

1. Are there any mobile auction operations? ☐ Yes ☐ No

If "Yes", please describe:

2. Do you serve food and/or beverages to persons attending the auction? ☐ Yes ☐ No

If "Yes", please describe: _____

a) What food and/or beverages do you serve? _____

b) Do you serve any alcoholic beverages? ☐ Yes ☐ No

If "Yes", do you have Liquor Liability insurance in place for this exposure? ☐ Yes ☐ No

3. How are autos transported to the auction?

☐ By your drivers If by your drivers: How many times a week? _____ How many miles per trip? _____

☐ By the Dealer's drivers

☐ By hired transport; If marked, who hires transport? _____

☐ By Drive-Away contractor; If marked, who hires contractor? _____

4. How are autos transported from the auction to the buyer?

☐ By your drivers If by your drivers: How many times a week? _____ How many miles per trip? _____

☐ By the Dealer's drivers

☐ By hired transport; If marked, who hires transport? _____

☐ By Drive-Away contractor; If marked, who hires contractor? _____

FRAUD WARNING

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.

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

I have reviewed the contents of this application and with my signature, declare that 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.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE