Surplus Insurance Brokers Agency Inc.

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EMERGENCY 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. Describe total operations by percentage including type of vehicles you sell or service

- ☐ Ambulance _____%
- ☐ Fire _____%
- ☐ Police _____%
- ☐ Other _____% List:_____

2. What percentage of applicant's work is performed at?

- ☐ Your Shop _____ %
- ☐ Customer's Location _____ %

3. What percentage of applicant's operation is:

A. General service _____ %

- ☐ Brakes _____ %
- ☐ Electrical _____ %
- ☐ Engine Repair _____ %
- ☐ Hydraulics - General _____ %
- ☐ Maintenance/Preventive _____ %
- ☐ Oil & Lube _____ %
- ☐ Radiator _____ %
- ☐ Suspension/Frame Repairs _____ %
- ☐ Tire Repair or Replacement _____ %
- ☐ Transmission _____ %
- ☐ Tune Up _____ %
- ☐ Wash & Detail _____ %
- ☐ Other _____ % List:_____

B. Emergency Vehicle Specific _____ %

- ☐ Aerial Ladder Service _____ %
- ☐ Custom Vehicle Conversions _____ % Do you cut the frame between the axles? ☐ Yes ☐ No
- ☐ Fabrication _____ % Answer Question 8
- ☐ Ground Ladder Service _____ %
- ☐ Hydraulics – Lifting apparatus _____ %
- ☐ Ladders & Hoses _____ %
- ☐ Lights, Sirens, Radios _____ %
- ☐ Pump Service _____ %
- ☐ Pump Testing _____ %
- ☐ Tank Clean/Repair - Internal _____ %
- ☐ Tank Repair - External _____ %
- ☐ Other _____ % List:_____

Total: _____ % (Total of A & B must = 100%)

4. If any percentages listed in **3.B.** above, provide details of:

Qualifications:

Experience:

Work Performed:

5. Do you install, sell or service medical equipment for ambulances or paramedic vehicles? ☐ Yes ☐ No
If yes, is this covered elsewhere? ☐ Yes ☐ No

6. Do you sell or service any durable medical equipment (power chairs, walkers, etc.)? ☐ Yes ☐ No
If yes, is this covered elsewhere? ☐ Yes ☐ No

7. Do you test drive extra-heavy vehicles off-premises on public roadways? ☐ Yes ☐ No
If yes, is at least one driver appropriately licensed with a CDL? ☐ Yes ☐ No

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

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(S).

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