Surplus Insurance Brokers Agency Inc.

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FUEL CONVERSION 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. Details of fuel conversion work performed:

2. Are all conversion kits that are sold or installed manufactured in the USA? ☐ Yes ☐ No

3. Does the applicant manufacture the conversion kits? ☐ Yes ☐ No

4. Do all conversion kits meet the requirements of NFPA 52? ☐ Yes ☐ No ☐ Unknown

5. Are all conversion kits EPA certified? ☐ Yes ☐ No ☐ Unknown

6. Are all employees who perform fuel conversions state certified? ☐ Yes ☐ No ☐ Unknown

7. Who do you perform fuel conversions for?
☐ General public
☐ Fleet conversions – no contract in place
☐ Under contract for fleet conversions (Please provide a copy of the contract)

8. Do you install or service Nitrous Systems? ☐ Yes ☐ No

9. 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

10. What parts, equipment, or accessories related to fuel conversions do you fabricate?
☐ No fabrication performed in conjunction with fuel conversions
☐ Fabrication performed. Details or items fabricated are:

11. Do you sell Liquefied Petroleum Gas (LPG) or Compressed Natural Gas (CNG)? ☐ 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? _____

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