Surplus Insurance Brokers Agency Inc.

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STORAGE FACILITY 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 _____

Open Lot Storage

1. Is the storage lot fenced, gated? ☐ Yes ☐ No

2. Is storage lot well lit at night? ☐ Yes ☐ No

3. Other security measures:_____

Building Storage - Complete the following **or** submit an ACORD property application:

4. Year built _____If over 35 years old, provide year updates performed for:

Electrical _____ Plumbing _____ Heating _____ Roof _____

5. Building construction: ☐ Frame ☐ Joisted Masonry ☐ Other _____

6. Protection class: ☐ 1-3 ☐ 4-6 ☐ 7-8 ☐ 9-10

7. Is building fully sprinklered? ☐ Yes ☐ No

8. Is there a central station alarm? ☐ Yes ☐ No

9. Other security measures:_____

General Information

10. Copy of storage agreement attached? ☐ Yes ☐ No

11. Do you keep a copy of the customers' keys? ☐ Yes ☐ No

If yes, where are the keys kept? _____

12. How is access to the premises controlled? _____

13. What types of 'winterization operations" do you perform on vehicles to be stored on your premises?

14. Do you repair or service vehicles to be stored on premises? ☐ Yes ☐ No

If **yes**, Service Section of the Garage Application must be completed.

15. Do you take customer's vehicles off premises for any reason? ☐ Yes ☐ No

If **yes**, for what reasons and what is furthest distance traveled (in miles)? _____

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