



**GARAGE APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY** OR **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT MIDWEST INSURANCE COMPANY**, A LICENSED 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**\*: \_\_\_\_\_ Years of Experience in this field\*: \_\_\_\_\_

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

Description of Operations: \_\_\_\_\_

Business Entity:  Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_

What is your **Website address**? <http://www.>\_\_\_\_\_

**GENERAL UNDERWRITING INFORMATION**

- Total gross receipts for: Dealer Sales: \$\_\_\_\_\_ Service/Repairs: \$\_\_\_\_\_
- Please provide a breakdown of operations. Must total 100%. (**\*Additional Questionnaire required if 10% or more**)

	Repair	Sales
Private Passenger Autos (SUVs, Pick-ups and Vans)	%	%
*Antique/Classic Autos	%	%
Autonomous Vehicle	%	%
*Boats	%	%
*Commercial Vehicles (Heavy Trucks and Trailers, Bus, Equipment)	%	%
*Emergency Vehicles	%	%
*Golf Carts	%	%
*Mobility Vehicles	%	%
*Motorcycle and Off-Road Vehicles	%	%
Parking Lots/Structures/Carousels – Self Parking	%	
*RVs (Motorhomes and Camping Trailers)	%	%
*Salvage - Private Passenger Autos (SUVs, Pick-ups and Vans)	%	%
*Salvage - Other Vehicle Types (Applies to location(s): _____)	%	%
*Storage Facilities/Lots	%	
*Towing Operators	%	
Utility Trailers	%	%
*Valet Parking	%	
Other (describe):	%	%
<b>Total</b>	<b>%</b>	<b>%</b>

**3. RATING EXPOSURE BASIS:** List ALL Owners, Employees, Drivers, Household Members & 1099 Contractors that are not required to carry their own insurance.

**THIS SECTION MUST BE FULLY COMPLETED, INCLUDING PEOPLE WHO DO NOT DRIVE.**

**Failure to report all persons throughout the policy term may result in coverage being denied or reduced.**

Loc #	Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Auto Use*	PAP in Place? Y/N	Violations & Accidents Past Three (3) Years	Full or Part Time	Status**

Attach Additional Employee Extension if additional space is needed. Include all of the information above for each person.

a. Have all drivers had a valid U.S. driver’s license for at least 2 years?  Yes  No  
If “No”, provide explanation below:

b. Do you use contract or occasional drivers not listed above?  Yes  No  
If “Yes”,  
How many total contract or occasional drivers do you use annually (including any listed above)? \_\_\_\_\_  
How many trips are made annually? \_\_\_\_\_

**\* Auto Use:**     **A = Covered auto furnished or available for regular personal use**  
                       **B = Business Use only of covered autos**  
                       **C = Person to be excluded as a driver**

**\*\* Status:**

<ol style="list-style-type: none"> <li>1. Active owners, partners or officers and their spouses</li> <li>2. Inactive owners, partners or officers</li> <li>3. Inactive Spouses</li> <li>4. Salespersons, General Managers, Service Managers</li> <li>5. Mechanic</li> </ol>	<ol style="list-style-type: none"> <li>6. Clerical</li> <li>7. Lot Person</li> <li>8. Contract Driver or Occasional Driver</li> <li>9. Inactive member of owner’s, partner’s or officer’s household)</li> <li>10. Other: _____</li> </ol>
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**4. DEALERS or SERVICE WITH SCHEDULED AUTOS:**

- a. Have all members of your household been disclosed on this application?  Yes  No
- b. Have all drivers who may operate your vehicles on a regular or infrequent basis, such as children away from home or in college, been listed on this application?  Yes  No
- If "No" to either, provide name(s) and age(s) and driving information below:

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**5. Locations where you conduct Garage Operations (include Zip Code) Mobile Only**

1)		
2)		
3)		
4)		

**6. Prior Carrier Information (Must be completed unless New Venture):**

	Policy Year	Premium
Current Carrier		\$
Prior Carrier		\$
Prior Carrier		\$

**7. 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
	\$	
	\$	
	\$	

8. 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:

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**9. Related Operations – Incidental to Garage Operations**

Related Operations Class	Class Description	Rating Basis	
Auto Parts & Supplies	Uninstalled parts and accessory sales	Gross Receipts	\$
Car Wash – Self Service	Customers Drive Through or Spray Wash Bay	Flat Charge	\$
Concessionaires	Food & Drink Snack Bars, typically Auctions	Gross Receipts	\$
Gas Sales – Self Service	Customers pump the gas	Annual # Gallons Sold	
Grocery Stores	Mini-Mart in your garage location Is alcohol sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Receipts	\$
Hotels & Motels	For beds & showers at a Truck Stop	Gross Receipts	\$
Lessor's Risk – Building or Premises	Located on same premises as your Garage Operations; (You are the Landlord)	Area in Square Feet	
LPG Sales	Incidental Sales	Annual # Gallons Sold	
Machine Shops	For machining work done for other garages	Payroll	\$
Manufacturing / Assembly	Describe operations in detail:	Flat Charge	\$
Metal Recycling	For recycling scrap or other metal – Not Auto	Gross Receipts	\$
Mobility Construction	Incidental ramps & other building adaptability	Gross Receipts	\$
Pressure/Power Washing	Incidental – driveways, sidewalks, etc.	Flat Charge	\$
Restaurants	Typically truck stops, auctions	Gross Receipts	\$
Stores	Sale of clothing, equipment and supplies	Gross Receipts	\$
Vacant Land	Owned by the Insured but not in use	# of Acres	
Welding - Offsite Repairs	Typically related to agriculture businesses	Flat Charge	\$

10. Do any owners of this business have an ownership interest in or operate any other businesses?  Yes  No

If "Yes":

- a. 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
- e. Do you have insurance elsewhere for your other business(es)?  Yes  No

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

If "Yes":

- a. What is the nature of that business? \_\_\_\_\_
- b. Do renters carry their own insurance?  Yes  No

12. Are vehicles loaned to customers?  Yes  No

If "Yes":

- 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? \_\_\_\_\_

13. Are firearms kept on the premises?  Yes  No

14. 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

15. Do you conduct towing operations?  Yes  No

If "Yes", do you tow for hire?  Yes  No

16. How many Transporter or Repairer Plates (**NOT Dealer plates**) do you have? \_\_\_\_\_

- a. If any, how are they used? \_\_\_\_\_
- b. Provide plate numbers: \_\_\_\_\_

17. Do you lease, rent or loan Dealer, Transporter, or any other type of plates?  Yes  No

18. Do you lease or rent vehicles?  Yes  No

- a. If "Yes", are the leasing or rental operations covered elsewhere?  Yes  No

Provide carrier name, policy number and policy dates: \_\_\_\_\_

19. What is your lot security per location? **Must be completed unless 100% Mobile**

- Location #1:  None  Fence & Gate  Post & Cable  In Building  Other (describe) \_\_\_\_\_
- Location #2:  None  Fence & Gate  Post & Cable  In Building  Other (describe) \_\_\_\_\_
- Location #3:  None  Fence & Gate  Post & Cable  In Building  Other (describe) \_\_\_\_\_
- Location #4:  None  Fence & Gate  Post & Cable  In Building  Other (describe) \_\_\_\_\_

20. How are keys secured? (check all that apply)

	During Business Hours	When Lot or Shop is Closed
Key Cabinet in Office		
In / On Vehicle		
Vehicle Mounted Lockbox*		
Taken Home		
Other (describe):		

\*If keys are stored in a vehicle mounted lockbox, are the keys or devices removed from the vehicles and stored inside after hours?  Yes  No

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

22. 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:

**23. Racing Exposure (Must answer entire section)**

a. Do you have an owned vehicle racing or exhibition exposure?  Yes  No

If "Yes" is the vehicle titled to the Named Insured?  Yes  No

b. Do you service any vehicles involved in racing or exhibition events? If "Yes", \_\_\_\_\_%  Yes  No

If "Yes" provide details of work performed and location where work is performed

c. Do you sponsor any racing related activities?  Yes  No

If "Yes", provide details :

**SALES QUESTIONS**

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

What state(s) are you licensed in? \_\_\_\_\_

25. Breakdown of vehicle sales: Retail \_\_\_\_\_% \*Wholesale \_\_\_\_\_% \*Broker \_\_\_\_\_%

\*Wholesale Dealer Questionnaire required

26. Do you import or export vehicles?  Yes  No

If "Yes", describe: \_\_\_\_\_

27. Do you operate an auction?  Yes  No

If Yes", the Auction Questionnaire is required.

28. Provide the total number of plates issued (or applied for if new venture) in association with your dealer's license:

Autos		Motorcycles	
Boats		Trailers	

29. Who drives or transports newly acquired vehicles to your lot? (check all that apply)

Insured/Employees

Transporter Do you obtain certificates of insurance for Transporters?  Yes  No

Contract Drivers: Minimum Age: \_\_\_\_\_ Do you obtain MVRs for Contract Drivers?  Yes  No

30. Are newly acquired autos driven over 300 road miles from point of purchase to your lot? (Over 50 miles if you are in KS, KY, NH, MD, ME or WV)  Yes  No

If "Yes",

a. How many trips per year? \_\_\_\_\_

b. How far one-way for longest trip? \_\_\_\_\_ (road miles)

31. 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

32. How many vehicles do you sell per year? \_\_\_\_\_  
 a. What percentage is sold "sight unseen", using only the internet (customer does not come to the lot)? \_\_\_\_\_%  
 Provide website address if over 15%: <http://www.> \_\_\_\_\_  
 b. How many vehicles do you sell per year on consignment? \_\_\_\_\_ (Attach Consignment Agreement if any)
33. Do you sell salvage or total loss titled vehicles?  Yes  No  
 a. If "Yes", do you repair salvage titled vehicles prior to sale?  Yes  No  
 b. If "Yes", are repairs:  Structural \_\_\_\_\_%  Mechanical \_\_\_\_\_%  Cosmetic \_\_\_\_\_%
34. How often do you take title and registration paperwork to the County Clerk's Office?  Daily  Weekly  Other  
 If "Other" describe: \_\_\_\_\_
35. Do you offer Buy Here / Pay Here Options?  Yes  No  
 If "Yes", do you transfer title to the buyer at the time of sale as lienholder?  Yes  No
36. Do you repossess the vehicles you sell yourself?  Yes  No
37. Do you always ride along on test drives?  Yes  No
38. Do you verify the customer has a current driver's license in hand prior to test drives?  Yes  No
39. Do you allow over-night or extended test drives?  Yes  No
40. Do you use any owned autos to driver for a Rideshare Program (ex. Uber, Lyft)?  Yes  No

**SERVICE QUESTIONS (N/A if only servicing vehicles held for sale)**

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

Airbags	%	Fiberglass	%	Sound / Alarm System	%
Alignment	%	Frame Straightening (indicate): <input type="checkbox"/> Laser <input type="checkbox"/> Digital <input type="checkbox"/> Optical <input type="checkbox"/> Mechanical	%	Suspension/Frame	%
Batteries	%	Lift Kits (See #46)	%	Tires (See #50)	
Blade / Cutting Equip / Chippers	%	Muffler	%	New Tire Sales	%
				Used Tire Sales	%
				Tire Service	%
Body (not fiberglass)	%	Oil & Lube	%	Trailer Hitches	%
Booting Operations (Complete Questionnaire)	%	Paint (See # 47)	%	Transmission	%
Brakes	%	Parking Carousel (See #48)	%	Tune Up	%
Breathalyzers/Ignition Interlock	%	Parking Lot/Structure (Self-Parking) (see #48)	%	Wash/Detail	%
Custom/Fabrication*	%	Performance Enhancement*	%	Welding Operations*	%
Driver Assist Technology*	%	Radiator	%	Other*	%
Engine Overhaul	%	Roadside Assistance	%		

**\*Describe:**

42. Do you outsource or subcontract any work?  Yes  No  
 If "Yes", are certificates of insurance are obtained?  Yes  No  
 Provide details of subcontracted work:  
 \_\_\_\_\_

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

44. Do you sell gasoline?  Yes  No  
 If "Yes",  
 a. Is it:  Self-Service  Full Service  
 b. How many gallons do you sell annually? \_\_\_\_\_
45. 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? \_\_\_\_\_
46. If you install Lift Kits, do you lift over 6"?  Yes  No  
 a. What percentage is: Body Lifts \_\_\_\_\_% Suspension Lifts \_\_\_\_\_%  
 b. What is your training and experience? \_\_\_\_\_
47. If you paint, do you have a spray paint booth/separate room?  Yes  No  
 If "Yes", is booth/room well ventilated?  Yes  No
48. If Parking lot, structure or carousel, do you provide charging stations to your customers?  Yes  No  
 If "Yes", at which location(s)? \_\_\_\_\_
49. Do you drive customers' vehicles for the purpose of pick up and/or delivery?  Yes  No  
 If "Yes",  
 a. How many times per week? \_\_\_\_\_  
 b. How far from your shop? \_\_\_\_\_ miles
50. **TIRES: If you sell, install or service Tires (other than Roadside Assistance) complete the following section:**
- a. Do you sell, install or service racing tires?  Yes  No  
 b. Do you sell, install or service Recap / Retread Tires?  Yes  No  
 c. Do you perform quality control to verify proper installation, tightened lug nuts and matched tire sizes?  Yes  No
- TIRE SALES**  I do not sell any tires.
- d. Do you sell new tires manufactured more than three (3) years ago?  Yes  No  
 e. When selling less than a full set of tires, are the newest always installed on the rear axle?  Yes  No  
 f. Do you sell used tires manufactured over four (4) years ago, or with less than 4/32 of useable tread depth?  Yes  No  
 g. If you sell used tires, what method do you use to mark them? \_\_\_\_\_
- TIRE SERVICE**  I do not service any tires.
- h. Work Performed (check all that apply):  Fixing Flats  Tire Rotation  Tire Siping  Comp Cutting  
 Other (describe): \_\_\_\_\_

**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 (Non-Owned Autos)** If this coverage is chosen, please complete the following chart:

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

**Garagekeepers (Continued)**

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:		Coverage (Choose One)	
	Specified Causes of Loss	Comprehensive	Collision		Legal Liability	Primary
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>

**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	\$

**Garagekeepers Theft/Vandalism/Mischief Deductible Options (applies to SCOL & Comprehensive Primary only):**

Location #	Theft/VM Exclusion applies to:			Theft/VM Deductible		Theft/VM Deductible applies to:		
	Theft Only	Theft/VM	VM Only	Per vehicle:	Aggregate:	Theft Only	Theft/VM	VM Only
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			

For On-Hook Coverage, see Auto Physical Damage Section below

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

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



**Dealers Physical Damage (Continued)** (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			

SCOL/Comprehensive Per Vehicle Deductible:

- \$500  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  \$50,000

Collision Per Vehicle Deductible (applies to all locations):

- \$500  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  \$50,000

**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	\$

**Dealers Physical Damage Theft/Vandalism/Mischief Deductible Options (Applies to SCOL & Comprehensive):**

Location #	Theft/VM Exclusion applies to:			Theft/VM Deductible		Theft/VM Deductible applies to:		
	Theft Only	Theft/VM	VM Only	Per vehicle:	Aggregate:	Theft Only	Theft/VM	VM Only
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 - select limit:  \$25,000  \$100,000  \$200,000  \$300,000
- 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)
- Stop Gap – Employers Liability Coverage (ND, OH, WA and WY only)

**Dealers and Scheduled Autos; Also Service risks but only where required by state law:**

- Personal Injury Protection (signed state form selecting or rejecting coverage is required)
- Uninsured Motorist \$ \_\_\_\_\_ (signed state form selecting or rejecting coverage is required)
- Underinsured 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:

Are any units listed below operated using a Dealer Plate?  Yes  No

If "Yes", explain:

Are any units listed below operated as a shuttle?  Yes  No

If "Yes", provide maximum passenger capacity: \_\_\_\_\_

Auto #	Year	Make/Model	VIN	Radius	GVW	Primary Driver	Usage (must = 100%)	
							Business	Personal
1								
2								
3								
4								
5								

**Auto Physical Damage Section:**

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	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
2	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
3	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
4	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
5	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

**Optional Scheduled Auto Coverages:**

Additional Interest for autos only:

Vehicle #	Names/Address:	Interest
1		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor
2		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor
3		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor

**FRAUD STATEMENT/SIGNATURES**

**THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGES 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.

<b>SIGNATURES</b>
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**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



## 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?  
If yes, is this covered elsewhere?  Yes  No  
 Yes  No
6. Do you sell or service any durable medical equipment (power chairs, walkers, etc.)?  
If yes, is this covered elsewhere?  Yes  No  
 Yes  No
7. Do you test drive extra-heavy vehicles off-premises on public roadways?  
If yes, is at least one driver appropriately licensed with a CDL?  Yes  No  
 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