



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 _____

Business Entity: Individual Partnership Corporation LLC Other _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone _____

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

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 or in business with no prior insurance coverage, explain in detail prior relevant experience and any Specialized Training or Certification:**

Description of Operations: _____

GENERAL UNDERWRITING INFORMATION

1. Total gross receipts for: Service/Repair: \$ _____ Dealers Sales: \$ _____

2. Please provide a breakdown of operations. ***Additional Questionnaire required if 10% or more**

	Service/Repair	Sales
Private Passenger Autos (SUVs, Pick-ups and Vans)	%	%
*Antique/Classic Auto	%	%
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):	%	%
Grand Total (Must Total 100%):		%

5. Locations where you conduct Garage Operations (with Zip Code) 100% Mobile?

1)		Same as Mailing <input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>
3)			<input type="checkbox"/>
4)			<input type="checkbox"/>

6. Prior Carrier Information (**Must be completed unless New Venture**): New Venture: No Prior Insurance:

	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:

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

- a. Provide full legal business name(s): _____
- b. Entity Type: Individual Partnership Corporation LLC Other _____
- c. Provide full Physical Address(es): _____
- d. Describe the operations of the business(es): _____
- e. What is the relationship to the business we are being asked to insure? _____
- f. Do you share any employees between these businesses (not including owners)? Yes No
- g. Do you have Liability insurance elsewhere for your other business(es)? Yes No

10. Do you rent any space at this location to anyone? Yes No

If "Yes":

- a. Describe occupancy: _____
- b. Do renters carry their own insurance? Yes No

11. Are vehicles loaned to customers? Yes No

If "Yes":

- a. Is there a contract agreement for loaned vehicles? 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? _____

12. Are firearms kept on the premises? Yes No

13. Do you conduct towing operations? Yes No

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

14. Do you have any Transporter or Repairer Plates (**do NOT include Dealer plates**)? Yes No

If "yes",

- a. How many do you have? _____
- b. How are they used? _____
- c. Provide plate numbers: _____

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

16. 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: _____

17. Related Operations – Incidental to Garage Operations – **COMPLETE IF YOU HAVE ANY OF THESE EXPOSURES**

Related Operations Class	Class Description	Rating Basis	
Auctions – Other Than Auto	Auction of items that are not autos	Payroll	\$
Auto Parts & Supplies	Uninstalled parts and accessory sales	Gross Receipts	\$
Car Wash – Self Service	Customers Drive Through or Spray Wash Bay	Gross Receipts	\$
Concessionaires	Food & Drink Snack Bars, typically Auctions	Gross Receipts	\$
Gas Sales – Self Service	Customers pump the gas	Annual # Gallons Sold	
Glass Shops	Building glass installation	Gross Receipts	\$
Grocery Stores	Mini-Mart in your garage location Is alcohol sold? Yes ____ No ____	Gross Receipts	\$
Lessor's Risk – Building or Premises <u>at insured location</u>	You are the Landlord Usage: Commercial ____ Residential ____	Area in Square Feet	
LPG Sales	Incidental Sales	Annual # Gallons Sold	
Machine Shops	For machining work done for other garages	Payroll	\$
Manufacturing / Assembly: Vehicle Assembly, Non-Operating Parts, Camper Bodies, Truck Beds, Trailers	Describe operations in detail:	Gross Receipts	\$
Metal Recycling	For recycling scrap or other metal – Not Auto	Gross Receipts	\$
Metal Works – Decorative	For welding other than autos (wrought iron, artistic or decorative, not structural)	Gross Receipts	\$
Mobility Ramp/Accessory Construction	Incidental construction of ramps & other building adaptability exposures	Gross Receipts	\$
Pod Storage or Storage Units	Storing other than autos for customers	Gross Receipts	\$
Pressure/Power Washing	Driveways, sidewalks, etc.	Payroll	\$
Sand Blasting, Powder Coating	Other than autos	Payroll	\$
Signs, Vinyl Wraps	Signs and vinyl wraps for commercial buildings, walls	Payroll	\$
Small Engine Repair	For non-auto equipment (generators, pressure washers, blowers, etc.)	Payroll	\$
Pressure/Power Washing	Incidental – driveways, sidewalks, etc.	Payroll	\$
Stores	Sale of clothing, equipment and supplies	Gross Receipts	\$
Upholstery	Incidental upholstery, other than auto	Gross Receipts	\$
Vacant Land	Owned by the Insured but not in use	# of Acres	
Welding - Offsite Repairs	Typically related to agriculture businesses	Gross Receipts	\$
Window Tinting	Incidental window tinting other than auto	Gross Receipts	\$

18. 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) _____

19. Do you ever store or display autos, owned or non-owned, at a different location other than where you conduct Garage Operations? Yes No

If "Yes", provide details of where and how often:

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

	During Business Hours	When Lot or Shop is Closed
Key Cabinet in Office	<input type="checkbox"/>	<input type="checkbox"/>
In / On Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Mounted Lockbox*	<input type="checkbox"/>	<input type="checkbox"/>
Taken Home	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

*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. Racing Exposure (Must answer a., b. and c.)

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

Not Applicable – No Dealer Operations

23. Do you have a dealer's license?

Yes No

What state(s) are you licensed in? _____

24. Breakdown of vehicle sales: Retail _____% Broker _____% Wholesale _____% (Questionnaire Required)

25. Do you import or export vehicles?

Yes No

If "Yes", describe: _____

If Exporting, are titles transferred before vehicles leave your premises?

Yes No

26. Do you operate an auction? (If "Yes", Auction Questionnaire required)

Yes No

27. Is this a pawn shop with Auto Pawn operations?

Yes No

If "Yes":

a. Do you always take possession of the vehicle?

Yes No

b. Are Autos the only things pawned?

Yes No

c. Are there any Title Pawn operations?

Yes No

28. Provide the total number of plates issued (or applied for if new venture) 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: Driven Transported by Trailer/Tow Apparatus

Transporter Do you obtain certificates of insurance for Transporters?

Yes No

Contract Drivers:

30. Are newly acquired autos driven or transported over 300 road miles from point of purchase to your lot?

Yes No

(Over 50 miles if you are in KS, KY, NH, MD, ME or WV)

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
 If "Yes, are repairs: Structural _____% Mechanical _____% Cosmetic _____%
34. Are titles transferred promptly upon sale in compliance with state guidelines? Yes No
35. Do you offer Buy Here / Pay Here Options? Yes No
 a. 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 Not Applicable – No Service/Repair of Non-Owned Vehicles

41. What percentage of your work is? Describe all with *

(N/A if 100% Service/Repair of Boats, Emergency Vehicles, Heavy Vehicles/Equipment, RVs or Vehicle Conversion)

Airbags (Safety)	%	Engine Overhaul	%	Suspension	%
Air Conditioning	%	Fiberglass (If Any, see #49)	%	Tires (See #53)	
Alignment	%	Frame Repair/Straightening:	%	New Tire Sales	%
Antique/Classic Restoration (Complete Questionnaire)	%	Lawn Mower Blades/Cutting Tools	%	Used Tire Sales	%
				Tire Service	%
Batteries	%	Lift Kits (If any, see #47)	%	Towing (Complete Questionnaire)	%
Booting Operations (Complete Questionnaire)	%	Muffler/Exhaust System	%	Trailer Hitches	%
Brakes	%	Oil & Lube	%	Transmission	%
Breathalyzers/Ignition Interlock	%	Paint & Body (not fiberglass) (If Any - see #48 & #49)	%	Tune Up	%
				Upholstery	%
Customization/Fabrication *	%	Performance Enhancement (If any, see #50)	%	Vehicle Wraps	%
Car Wash / Detail	%	Radiator	%	Welding *	%
Diagnostics	%	Roadside Assistance	%	Window Tinting	%
Driver Assist Technology (If any, see #46)	%	Self-Park Parking (If any, see #51) (Lots, Structures, Carousels)	%	Windshields	%
				Other *	%
Electrical	%	Sound / Alarm System	%	Grand Total (Must Total 100%)	%

*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", Is it: Pre-filled cannisters Filling customers' tanks
 If Filling Tanks: 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, service or repair Advanced Driver Assistance Systems, do these systems:
 a. Allow the car to self-drive but require intervention in severe conditions? Yes No
 b. Perform all driving tasks under all conditions, with no human attention or interaction required? Yes No
47. 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? _____
48. If you paint, do you have a spray paint booth/separate room? Yes No
 If "Yes", is booth/room well ventilated? Yes No
49. Are all flammable materials kept in a fire-proof metal cabinet when not in use? Yes No
50. If any Performance Enhancement, are vehicles street legal when your work is completed? Yes No
 Describe work performed: _____
51. If Parking lot, structure or carousel, do you provide charging stations to your customers? Yes No
 If "Yes", at which location(s)? _____
52. 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
- 53. 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): _____

COVERAGES REQUESTED - MUST BE FULLY COMPLETED

Liability Limit: \$ _____ each accident, \$ _____ aggregate

Liability Deductible: \$500 \$1,000 \$2,500

Broadened Coverage – Garage

Errors and Omissions for Auto Dealers - select limit: \$25,000 \$100,000 \$200,000 \$300,000

Medical Payments Limit: \$ _____ Premises Only Premises and Auto

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

Uninsured Motorist \$ _____ (signed state form selecting or rejecting coverage is required)

Underinsured Motorist \$ _____ (signed state form selecting or rejecting coverage is required)

Personal Injury Protection (signed state form selecting or rejecting coverage is required)

GARAGEKEEPERS COVERAGE (Non-Owned Autos)

If this coverage is chosen, please complete the following chart:

Location #	Average # on Lot	Average Value per Vehicle	Maximum # on Lot	Maximum Value per Vehicle	Maximum Value – How many vehicles a month?	Total Lot Limit
1		\$		\$		\$
2		\$		\$		\$
3		\$		\$		\$
4		\$		\$		\$

Per Vehicle Deductible: \$1,000 \$2,500 \$5,000 \$10,000 Other: \$ _____

Aggregate Deductible 5X 10X 20X No Aggregate

Garagekeepers (coverages selected by location):

Location #	Choose One for each location if coverage desired:		Check if coverage desired:		Coverage	
	Specified Causes of Loss	Comprehensive	Collision		(Choose One)	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary	

Garagekeepers Wind/Hail/Flood and Earthquake Deductible Options (applies to Comprehensive Primary only):

Location #	Wind/Hail/Flood Exclusion applies to:			Wind/Hail/Flood Deductible		Wind/Hail/Flood Deductible applies to:			Earthquake Per Vehicle Deductible (*see below)
	Wind, Hail & Flood	Wind/Hail only	Flood Only	Per vehicle:	Aggregate:	Wind, Hail & Flood	Wind/Hail only	Flood Only	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

*Earthquake Restriction applies to Comprehensive Primary only with in-building storage

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

DEALERS PHYSICAL DAMAGE COVERAGE

If this coverage is chosen, please complete the following chart:

Location #	Average # on Lot	Average Value per Vehicle	Maximum # on Lot	Maximum Value per Vehicle	Maximum Value – How many vehicles a month?	Total Lot Limit
1		\$		\$		\$
2		\$		\$		\$
3		\$		\$		\$
4		\$		\$		\$

SCOL/Comprehensive Per Vehicle Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Aggregate Deductible 5X 10X 20X No Aggregate

Collision Per Vehicle Deductible (applies to all locations):

\$1,000 \$2,500 \$5,000 \$10,000 Other: \$ _____

Dealers Physical Damage Coverages - Selected by location:

Location #	Choose One for each location if coverage desired:		Check if coverage desired:
	Specified Causes of Loss	Comprehensive	Collision
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dealers Physical Damage Wind/Hail/Flood and Earthquake Deductible Options (for SCOL and Comprehensive):

Location #	Wind/Hail/Flood Exclusion applies to:			Wind/Hail/Flood Deductible		Wind/Hail/Flood Deductible applies to:			Earthquake Per Vehicle Deductible (*see below)
	Wind, Hail & Flood	Wind/Hail only	Flood Only	Per vehicle:	Aggregate:	Wind, Hail & Flood	Wind/Hail only	Flood Only	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

*Earthquake Restriction applies only with in-building storage

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of vehicles: New Used

Interests Covered: Owner Owner & Creditor Consignment

Loss Payee: _____

OPTIONAL COVERAGES

Additional Insured Name & Relationship: _____
Address: _____

Fire Legal Liability: \$100,000 \$ _____

Hired Auto – Cost of Hire: \$ _____ If Any

Broad Form Products Liability

Cyber Suite (Cyber Liability, Data Compromise, Identity Theft Recovery) Cyber Liability SERP

Drive Other Car Coverage: Number of individuals other than spouse: _____

False Pretense: \$25,000 \$50,000 \$100,000

Commercial Property Coverage Part (attach Garage Property Questionnaire/accord 140)

Stop Gap – Employers Liability Coverage (ND, OH, WA and WY only)

Waiver of Subrogation

Watercraft Liability

SPECIFICALLY DESCRIBED AUTOS

Use ACORD 127 for additional vehicles

If coverage is desired, the following must be fully completed:

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 or Transporter Plate?

Yes No

If "Yes", explain:

**Vehicle Usage (enter any that apply):

1) Parts Delivery 2) Roadside Assistance/Mobile Service 3) Towing (Not For Hire) 4) Loaner Vehicle

5) Shuttle – if any, provide maximum passenger capacity: _____

6) Other (describe any additional uses): _____

Auto#	Year	Make/Model	VIN	Radius	GVW	Primary Driver	Vehicle 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"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> \$1,000 <input type="checkbox"/> \$2,500
2	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<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"/> \$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"/> \$1,000 <input type="checkbox"/> \$2,500
3	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<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"/> \$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"/> \$1,000 <input type="checkbox"/> \$2,500
4	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<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"/> \$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"/> \$1,000 <input type="checkbox"/> \$2,500
5	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<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"/> \$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"/> \$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

(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, 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.

California

For your protection California law requires the following appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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 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.

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.

Vermont

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

SIGNATURES

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



**HEAVY VEHICLE
& EQUIPMENT QUESTIONNAIRE**

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.

Business Trade Name: _____

Dealers who perform repairs or service prior to selling must complete the entire questionnaire

1. What percentage of applicant's operations involve: (Must total 100%)

Boom Trucks/Bucket Trucks	%
Buses (If any, also complete Bus section)	%
Construction Equipment	%
Municipal Vehicles	%
Cranes	%
Farm Equipment	%
Farm Implements	%
Forklifts	%
Lawn/Tree Service Equipment	%

Logging Trucks/Equipment	%
Military Vehicles	%
Mining Equipment*	%
Oilfield Equipment*	%
Refrigerated Vans/Trailers	%
Semi-Trailers	%
Tank Trailers/Tankers	%
Truck Tractors	%
Other*	%

*Describe "Other" in Detail: _____

2. Where are applicant's operations performed? (Must total 100%)

Your Shop	%
Customer's Yard	%

Truck & Travel Center	%
Roadside	%

3. Type and Percentage of applicant's work. (Must total 100%)

Body & Paint	%
Blades/Cutting Equipment/Chippers	%
Brakes	%
Brakes - Logging Truck/Equipment	%
Buses – Brakes, Suspension and Tires	%
Engine Overhaul	%
Fabrication (Answer Question 8)	%
Hydraulics - General	%
Hydraulics – Lifting Apparatus	%
DOT Inspections	%
FMCSA Inspections (Answer Question 9)	%
Lube & Oil	%
Power Train	%
Radiator	%
Refrigeration Unit (Cargo Area)	%

Snowplow Repair/Installation – GVW of Vehicles:	%
Subcontracted out to others Insurance Certificates Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Structural/Frame Modifications Do you cut frames between the axles? <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Suspension/Frame Repairs	%
Suspension - Logging Truck/Equipment	%
Tank Clean/Repair - Internal	%
Tank Repair - External	%
Tire Repair or Replacement	%
Tune Up	%
Wash & Detail	%
Welding *	%
Other *	%

*Describe "Other" in Detail: _____

4. Do you have a common ownership interest in or operate any Trucking business? Yes No

a) If "Yes", provide business name and physical address: _____

b) Do you repair vehicles owned by the business listed above? Yes No

c) If yes, provide breakdown of repairs for: The business listed above _____% The general public _____%

5. Does applicant install, service or repair 5th Wheels? Yes No
 If "Yes", what are the qualifications of the employees doing this work?

6. Do you test drive extra-heavy trucks or truck tractors on public roadways? Yes No
 If "Yes", is at least one driver appropriately licensed with a CDL? Yes No

7. Do you transport any owned or non-owned semi trucks by "piggybacking"? Yes No

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

9. If applicant does FMCSA annual vehicle safety inspections, answer the following:

a. Does Inspector understand the FMCSA inspection criteria? Yes No

b. Has Inspector mastered the methods, procedures, tools and equipment used when performing an inspection? Yes No

c. Has Inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections? Yes No

d. Does Inspector have at least one (1) year of training and/or experience consisting of:

- participation in a manufacturer sponsored training program; or
- experience as a mechanic or inspector:

1] in a motor carrier maintenance program; or Yes No

2] in a commercial garage; or Yes No

3] for a State or Federal government? Yes No

BUSES: Complete questions 10 through 12 if any Bus Sales, Service or Repair:

10. What percentage of applicant's Bus operations involve: (Must total 100%)

Bus Type	Passenger Capacity	Percentage	Bus Type	Passenger Capacity	Percentage
Assisted Living		%	Child Care Center		%
Amphibious (Duck)		%	City		%
Church		%	School		%
Charter / Tour		%	Shuttle		%
Other (Describe):					%

11. Do you install or repair any mobility equipment on Buses? Yes No
 If "Yes", check all that apply:

Hand Control Installation / Repair

Lift Gate Installation / Repair

*Other (Describe): _____

12. If your work on Buses involves frames:

a. Do you straighten frames? Yes No
 If "Yes",:

Do you use computerized machinery and measurement systems? Yes No

Do you examine the frame for structural damage prior to straightening it? Yes No

b. Do you cut or stretch frames? Yes No

c. What other frame work do you perform? Describe in detail:

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
-----------------------	------