



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.)**

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**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.

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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.

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**Oklahoma**

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**Pennsylvania**

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**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?  
Did your office control this risk in the past year?

Yes  No  
 Yes  No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE



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

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

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

**1. RATING EXPOSURE BASIS:** List ALL Owners, Employees, Drivers & 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	Violations & Accidents Past Three (3) Years	Full or Part Time	Status**

Attach Additional Employee Schedule if additional space is needed.

**\*\*Status: 1. Owner 2. Inactive Owner 3. Driver 4. Podium 5. Clerical**

a. Have all drivers had a valid U.S. driver's license for at least 2 years?  Yes  No  
If "No", provide explanation: \_\_\_\_\_

b. Do you hire employees under the age of 18? .....  Yes  No

c. Do you obtain MVR verification on all drivers? .....  Yes  No

2. Prior Carrier Information (**Must complete unless New Venture**): New Venture:  No Prior Insurance:

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

3. Loss History for three (3) Years (**Must complete 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
	\$	
	\$	
	\$	

4. 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: \_\_\_\_\_

5. Is the Insured an entity other than a valet service? .....  Yes  No

If "Yes", are non-valet operations insured elsewhere? .....  Yes  No

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

If "Yes":  Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_

a. Provide full legal business name(s): \_\_\_\_\_

Provide full Physical Address(es): \_\_\_\_\_

b. Describe the operations of the business(es): \_\_\_\_\_

c. What is the relationship to the business we are being asked to insure? \_\_\_\_\_

d. Do you share any employees between these businesses? (owners don't count)  Yes  No

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

**GENERAL INFORMATION (APPLIES TO ALL LOCATIONS):**

7. Is self-parking permitted at any location? .....  Yes  No

If "Yes",

Which location #s? \_\_\_\_\_

Is self-parking in an area separated from valet parking? .....  Yes  No

8. Do you park customer's cars on the street at any location? .....  Yes  No

If "Yes", which location #s? \_\_\_\_\_

9. Are any locations self-park parking lots? .....  Yes  No

If "Yes", do you provide charging stations to your customers? .....  Yes  No

10. Do you use at least a 3-part ticket at all locations (customer, dashboard, key-tag?) .....  Yes  No

11. Are keys kept in a locked podium or other locked area at all locations? .....  Yes  No

If "No", which location #s? \_\_\_\_\_

12. Are all lot locations manned by an attendant when open? .....  Yes  No

If "No," are the lots fenced and gated for controlled access? .....  Yes  No

13. Do you refuse to give an obviously intoxicated customer their car keys? .....  Yes  No

If "Yes", do you suggest or provide alternate transportation? .....  Yes  No

14. Are you required to provide premises security or other services other than Valet operations? .....  Yes  No

If "Yes", provide location #s and describe security ops or services here:

15. Do you use an owned conveyance to shuttle customers or employees between the parking area and any location venue? .....  Yes  No

If "Yes",

a) And the vehicle is licensed for road use, is the vehicle insured elsewhere? .....  Yes  No  N/A

b) And the vehicle is not licensed for road use, describe vehicle and passenger capacity:

<b>Vehicle:</b>		<b>Passenger Capacity:</b>	
-----------------	--	----------------------------	--

16. Do you provide valet service for special events? .....  Yes  No

If "Yes," describe types of events and their parking locations:

Please Note: Events must be reported to your agent for pre-approval with a completed Valet Questionnaire.

### LOCATION INFORMATION

(Complete Valet Location Addendum for more than 5 Locations)

Location #1
<p>a. Name of Establishment that you are providing valet service for: _____</p> <p>b. Type of Establishment: <input type="checkbox"/> Restaurant <input type="checkbox"/> Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Other _____</p> <p>c. What days of the week and hours of the day do you provide valet service? _____</p> <p>d. Address where podium is located: _____</p> <p>e. Is the parking lot on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Number of spaces reserved for Valet Parking: _____</p> <p><b>If parking is not all on premises, complete the following:</b></p> <p>g. Provide address of offsite or overflow parking lot(s): _____</p> <hr/> <p>h. Number of spaces reserved for Valet Parking offsite: _____</p> <p>i. Do you drive customers' cars on or across a street to get to the parking lot? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes": Is the street more than 2 lanes wide?</p> <p style="padding-left: 40px;"><b>Main Lot:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    <b>Overflow Lot:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Is the distance driven to or from the lot over 1000 feet from the podium?</p> <p style="padding-left: 40px;"><b>Main Lot:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    <b>Overflow Lot:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Location #2
<p>a. Name of Establishment that you are providing valet service for: _____</p> <p>b. Type of Establishment: <input type="checkbox"/> Restaurant <input type="checkbox"/> Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Other _____</p> <p>c. What days of the week and hours of the day do you provide valet service? _____</p> <p>d. Address where podium is located: _____</p> <p>e. Is the parking lot on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Number of spaces reserved for Valet Parking: _____</p> <p><b>If parking is not all on premises, complete the following:</b></p> <p>g. Provide address of offsite or overflow parking lot(s): _____</p> <hr/> <p>h. Number of spaces reserved for Valet Parking offsite: _____</p> <p>i. Do you drive customers' cars on or across a street to get to the parking lot? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes": Is the street more than 2 lanes wide?</p> <p style="padding-left: 40px;"><b>Main Lot:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    <b>Overflow Lot:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Is the distance driven to or from the lot over 1000 feet from the podium?</p> <p style="padding-left: 40px;"><b>Main Lot:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    <b>Overflow Lot:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Location #3**

- a. Name of Establishment that you are providing valet service for: \_\_\_\_\_
- b. Type of Establishment:  Restaurant  Bar  Club  Resort  Other \_\_\_\_\_
- c. What days of the week and hours of the day do you provide valet service? \_\_\_\_\_
- d. Address where podium is located: \_\_\_\_\_
- e. Is the parking lot on premises?  Yes  No
- f. Number of spaces reserved for Valet Parking: \_\_\_\_\_

**If parking is not all on premises, complete the following:**

- g. Provide address of offsite or overflow parking lot(s): \_\_\_\_\_

- h. Number of spaces reserved for Valet Parking offsite: \_\_\_\_\_

- i. Do you drive customers' cars on or across a street to get to the parking lot?  Yes  No

If "Yes": Is the street more than 2 lanes wide?

**Main Lot:**  Yes  No     **Overflow Lot:**  Yes  No

Is the distance driven to or from the lot over 1000 feet from the podium?

**Main Lot:**  Yes  No     **Overflow Lot:**  Yes  No

**Location #4**

- a. Name of Establishment that you are providing valet service for: \_\_\_\_\_
- b. Type of Establishment:  Restaurant  Bar  Club  Resort  Other \_\_\_\_\_
- c. What days of the week and hours of the day do you provide valet service? \_\_\_\_\_
- d. Address where podium is located: \_\_\_\_\_
- e. Is the parking lot on premises?  Yes  No
- f. Number of spaces reserved for Valet Parking: \_\_\_\_\_

**If parking is not all on premises, complete the following:**

- g. Provide address of offsite or overflow parking lot(s): \_\_\_\_\_

- h. Number of spaces reserved for Valet Parking offsite: \_\_\_\_\_

- i. Do you drive customers' cars on or across a street to get to the parking lot?  Yes  No

If "Yes": Is the street more than 2 lanes wide?

**Main Lot:**  Yes  No     **Overflow Lot:**  Yes  No

Is the distance driven to or from the lot over 1000 feet from the podium?

**Main Lot:**  Yes  No     **Overflow Lot:**  Yes  No

**Location #5**

- a. Name of Establishment that you are providing valet service for: \_\_\_\_\_
- b. Type of Establishment:  Restaurant  Bar  Club  Resort  Other \_\_\_\_\_
- c. What days of the week and hours of the day do you provide valet service? \_\_\_\_\_
- d. Address where podium is located: \_\_\_\_\_
- e. Is the parking lot on premises?  Yes  No
- f. Number of spaces reserved for Valet Parking: \_\_\_\_\_

**If parking is not all on premises, complete the following:**

- g. Provide address of offsite or overflow parking lot(s): \_\_\_\_\_

- h. Number of spaces reserved for Valet Parking offsite: \_\_\_\_\_

- i. Do you drive customers' cars on or across a street to get to the parking lot?  Yes  No

If "Yes": Is the street more than 2 lanes wide?

**Main Lot:**  Yes  No     **Overflow Lot:**  Yes  No

Is the distance driven to or from the lot over 1000 feet from the podium?

**Main Lot:**  Yes  No     **Overflow Lot:**  Yes  No

**COVERAGE REQUESTED (MUST BE COMPLETED IN ITS ENTIRETY)**

**LIABILITY COVERAGE**

General Liability BI & PD      \$ \_\_\_\_\_ Per Occurrence      Liability Deductible  
 Covered Autos Liability      \$ Same as GL Occurrence       1000  2500  
 General Liability Aggregate       1X  2X  3X

**Damage to Premises Rented to You** included at \$100,000 **OR** select higher limit  \$ \_\_\_\_\_

**OR**  Exclude Damage to Rented Premises (formerly Fire Legal)

**Personal & Advertising Injury Liability** included **OR**  Exclude Personal & Advertising Injury

**Premises Medical Payments Limit:** \$ \_\_\_\_\_ **OR**  Exclude Premises Medical Payments coverage

**Auto Medical Payments Limit (must match Premises Medical Payments if selected):** \$ \_\_\_\_\_

**Garagekeepers Limits (Legal Liability):**

Complete this section for parking lot locations. Do not list "locations" with only a podium on premises and no parking lot.

Location #	Average # on Lot	Average Value per Vehicle	Maximum Value per Vehicle	Maximum Value Vehicles: How often on premises?	Total Lot Limit
1		\$	\$	_____/times a month	\$
2		\$	\$	_____/times a month	\$
3		\$	\$	_____/times a month	\$
4		\$	\$	_____/times a month	\$
5		\$	\$	_____/times a month	\$

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

**Garagekeepers Coverages:**

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"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Optional Coverages:**

Additional Insured & Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

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

Waiver of Subrogation

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<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