

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. Do you sell autos to the public? Yes No
If yes, explain:

2. Do you display or store covered autos at locations other than your primary location? Yes No
If yes, where are they displayed or stored?

3. List the major auctions you attend in the order of the most frequented by City & State:
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4. Do you always take possession and title of vehicles? Yes No

5. Do you pick up & deliver covered autos over 300 miles? Yes No
If yes, advise city/state destination(s) and how many miles:

6. Pick up and delivery, enter a percentage for each category, must total 100%:

Drivers	Annual percentage
Owners/Employees	
Contract Drivers (see a. below)	
Drivers other than owners/employees or contract drivers (see b. below)	
Customer arranges transport through 3 rd party	
You arrange transport through 3 rd party	
Total	100%

- a. Contract driver hiring practices:
- i. What is the minimum age requirement? _____
 - ii. Do you verify each contract driver has a valid driver license? Yes No
- b. Explain 'drivers other than owners/employee or contract drivers':

7. Do you or any of your drivers have out of state driver's licenses? Yes No

If yes, please explain:

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8. Describe how your dealer plates are used:

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9. Do you have registration plates (not dealer plates) that are not issued for a specific auto? Yes No

If yes:

a. List registration plate numbers: _____

b. Describe how they are being used: _____

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