

***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. What percentage of your operations involve:**

Motorcycles	%	Dune Buggies/Sand Rails	%
ATV's	%	Go-Karts	%
Dirt Bikes	%	Snowmobiles	%
Mopeds/Scooters <i>Provide lowest # of CCs</i> _____	%	Other (describe):	%
Watercraft <i>Is there any in-water or marina exposure?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	%		

- 2. Is above inventory stored inside a building at night?**  Yes  No  
**If "Yes", do you have a Central Station Alarm (CSA)?**  Yes  No

If not inside and/or no CSA, provide details:

- 3. Do you permit off premises test drives?**  Yes  No  
**If "Yes", do you have a specified route?**  Yes  No  
**a. Is this route a distance of one (1) mile or less?**  Yes  No

If "No", provide details:

- b. Do you allow customers under age twenty-one (21) to test drive?**  Yes  No  
**c. Do you require customers to have a motorcycle license?**  Yes  No

- 4. Do you permit overnight try outs?**  Yes  No

- 5. Is anyone furnished one of these vehicles for personal use or as a demo?**  Yes  No

If "Yes", provide details (who, type of vehicle):

- 6. Do employees who drive have the required endorsement on their Drivers License?**  Yes  No  N/A

- 7. What are your annual sales to customers for each of these categories? (add Related Operations)**

Uninstalled Parts \$ \_\_\_\_\_ Clothing & Accessories \$ \_\_\_\_\_

**8. Racing**

**a. Do you own a vehicle with a racing or exhibition exposure?**

Yes  No

If "Yes", provide details:

**b. Do you service any vehicles involved in racing or exhibition events?**

Yes  No

If "Yes", \_\_\_\_\_ %

Details:

**9. Do you perform any of the following:**

Customization or Fabrication	%	Fuel Conversions	%
Structural Alterations (Fork & Frame)	%	Custom Building	%
Alter original performance specifications	%		

If any of the above, provide details:

**10. Do you convert bikes to trikes?**

Yes  No

If "Yes", provide details. If kit is used, include name of kit manufacturer:

**11. Do you loan or rent motorcycles?**

Yes  No

If "Yes", is coverage for this exposure in place elsewhere?

Yes  No

**12. Do you sell motorcycles tires?**

Yes  No

If "Yes",

**a.** What percentage of tires sold are: New Tires \_\_\_\_\_%      Used Tires \_\_\_\_\_%

**b.** Do you perform quality control to verify proper installation?

Yes  No

**c.** Do you sell new tires manufactured more than three (3) years ago?

Yes  No

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE

DATE