

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 scooters, wheelchairs or durable medical equipment or any parts relating to this type of equipment? Yes No
 If "Yes", is coverage for this exposure in place elsewhere? Yes No
2. Do you install wheel chair ramps into private residences or businesses? Yes No
 If "Yes", what are the annual sales? \$ _____
3. Do you rent or lease mobility vehicles or equipment? Yes No
 If "Yes", is coverage for this exposure in place elsewhere? Yes No
4. Do you sell "automobile" parts that you do not install? Yes No
 If "Yes", what are the annual sales? \$ _____
5. What other services do you offer in addition to the above? Describe in detail.

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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