

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.

Complete for each location

Business Trade Name _____

1. Is the yard fully fenced and gated? Yes No
 If "No", what measures are taken to prevent others from entering the yard?

2. Do you allow customers in the yard? Yes No
 If "Yes", **a]** Are customers always accompanied by an employee? Yes No
 b] Are customers allowed to pull their own parts? Yes No

3. Are uncrushed vehicles stacked more than 2 high? Yes No
 If "Yes", **a]** How high? _____
 b] Is a rack used? Yes No

4. Do you stack crushed vehicles more than 5 high? Yes No
 If "Yes", how high? _____

5. Is there a car crusher on premises? Yes No
 If "Yes", **a]** Is crusher in a completely fenced or enclosed area? Yes No
 b] Do you transport crushed cars? Yes No
 c] If crushing is being performed by a contractor, are certificates of Insurance obtained? Yes No

6. Do you sell used parts and accessories without installing them? Yes No
 If "Yes", what are your annual sales receipts? \$ _____

7. Do you sell used tires, other than in bulk for recycling purposes? Yes No
 If "Yes", **a]** What % of overall sales does this represent? _____%
 (Must complete question #45 on the Garage Application.)

8. Are you involved in any recycling operations not related to the salvage of "auto" parts? Yes No
 If "Yes", **a]** Are your recycling operations covered elsewhere? Yes No
 b] What materials do you recycle? _____
 c] Do you transport recycled materials/scrap metal? Yes No
 d] Are you open to the public for these recycling operations? Yes No
 e] If open to the public, are customers kept away from recycling or crushing machines? Yes No

9. Do you sell cars and trucks? Yes No
 If "Yes", **a]** Are they sold exclusively on an "As Is" basis? Yes No
 b] How many cars and trucks have you sold in the last 12 Months? _____
 c] Are you a licensed dealer? Yes No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

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| APPLICANT'S SIGNATURE | DATE |
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