

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.

Business Trade Name \_\_\_\_\_

**1. What percentage of applicant's operations involve: (Must total 100%)**

Bus Conversion	%
Food Truck Conversion	%
Van Conversion	%
Other (describe):	%

**2. Breakdown of Work Performed (must total 100%):**

Audio/Visual System	%	Roof	%
Cabinetry Installation	%	Seating Upgrades (*Complete #5)	%
Kitchen Appliances / Electric / Heating / Air Conditioning (Complete #4)	%	Structural / Frame Modifications (Complete #6)	%
Flooring	%	Upholstery	%
Plumbing	%	Vehicle Mechanics (brakes, engine, etc.)	%
Other (describe):	%	Total	100%

**3. Do you have a separate Products Liability policy? . . . . .**  Yes  No

If "No" what are your annual gross receipts? \$ \_\_\_\_\_

**4. If any Kitchen Appliances / Electrical / Heating / Air Conditioning exposure, provide details of technician qualifications including experience, training and any certifications:**
**5. For Seating Upgrades, do you modify safety features such as airbags, seat belts, etc.? . . . . .**  Yes  No

**6. For Structural Work, do you cut frames between the axles? . . . . .**  Yes  No

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

APPLICANT'S SIGNATURE	DATE
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