

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: _____

Dealers who perform repairs or service prior to selling must complete the entire questionnaire

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

Boom Trucks/Bucket Trucks	%	Logging Trucks/Equipment	%
Buses <i>(If any, also complete Bus section)</i>	%	Military Vehicles	%
Construction Equipment	%	Mining Equipment*	%
Municipal Vehicles	%	Oilfield Equipment*	%
Cranes	%	Refrigerated Vans/Trailers	%
Farm Equipment	%	Semi-Trailers	%
Farm Implements	%	Tank Trailers/Tankers	%
Forklifts	%	Truck Tractors	%
Lawn/Tree Service Equipment	%	Other*	%

*Describe "Other" and type of equipment:

2. Where are applicant's operations performed? (Must total 100%)

Your Shop	%	Truck & Travel Center	%
Customer's Yard	%	Roadside	%

3. Type and Percentage of applicant's work. (Must total 100%)

Body & Paint	%	Refrigeration Unit (Cargo Area)	%
Blades/Cutting Equip/Chippers	%	Snowplow Repair/Installation – <i>GVW of Vehicles:</i> _____	%
Brakes	%	Subcontracted out to others	%
Brakes - Logging Truck/Equipment	%	<i>Insurance Certificates Obtained?</i>	%
Buses – Brakes, Suspension and Tires	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Engine Overhaul	%	Structural/Frame Modifications	%
Fabrication <i>(Answer Question 8)</i>	%	<i>Do you cut frames between the axles?</i>	%
FMCSA Safety Inspection <i>(Answer Question 9)</i>	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hydraulics - General	%	Suspension/Frame Repairs	%
Hydraulics – Lifting Apparatus	%	Suspension - Logging Truck/Equipment	%
Lube & Oil	%	Tank Clean/Repair - Internal	%
Power Train	%	Tank Repair - External	%
Radiator	%	Tire Repair or Replacement	%
		Tune Up	%
		Wash & Detail	%
		Other *	%

*Describe "Other" work in detail:

4. Do you have a common ownership interest in or operate any Trucking business? Yes No
- a) If "Yes", provide business name and physical address: _____
- b) Do you repair vehicles owned by the business listed above? Yes No
- c) If yes, provide breakdown of repairs for:
 The business listed in a) above _____ %
 The general public _____ %

5. Does applicant install, service or repair 5th Wheels? Yes No
 If "Yes", what are the qualifications of the employees doing this work?

6. Are you and/or your mechanics ASE Certified? Yes No
 If "No", how many years of training and experience do you require? _____

7. Do you test drive extra-heavy trucks or truck tractors away from garage premises on public roadways? Yes No
 If "Yes", is at least one driver appropriately licensed with a CDL? Yes No

8. Do you transport any owned or non-owned semi trucks by "piggybacking"? Yes No

9. What parts, equipment, and accessories do you fabricate?

10. If applicant does FMCSA annual vehicle safety inspections, answer the following:
- a. Does Inspector understand the FMCSA inspection criteria? Yes No
- b. Has Inspector mastered the methods, procedures, tools and equipment used when performing an inspection? Yes No
- c. Has Inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections? Yes No
- d. Does Inspector have at least one (1) year of training and/or experience consisting of:
- participation in a manufacturer sponsored training program; or
 - experience as a mechanic or inspector:
- 1] in a motor carrier maintenance program; or Yes No
- 2] in a commercial garage; or Yes No
- 3] for a State or Federal government? Yes No

BUSES: Complete questions 10 through 12 if any Bus Sales, Service or Repair:

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

Bus Type	Passenger Capacity	Percentage	Bus Type	Passenger Capacity	Percentage
Assisted Living		%	Child Care Center		%
Amphibious (Duck)		%	City		%
Church		%	School		%
Charter / Tour		%	Shuttle		%
Other (Describe):					%

12. Do you install or repair any mobility equipment on Buses?

Yes No

If "Yes", check all that apply:

Hand Control Installation / Repair

Lift Gate Installation / Repair

*Other

Describe Other in Detail:

13. If your work on Buses involves frames:

a. Do you straighten frames?

Yes No

If "Yes",:

Do you use computerized machinery and measurement systems?

Yes No

Do you examine the frame for structural damage prior to straightening it?

Yes No

b. Do you cut or stretch frames?

Yes No

c. What other frame work do you perform? Describe in detail:

--

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
-----------------------	------