

This Questionnaire is supplemental to and part of the ACORD Property Section (Acord 140) and our Colony Specialty Garage Application.

ALL APPLICANTS (EXCEPT VIRGINIA): BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER

VIRGINIA APPLICANTS: BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER.

Named Insured _____ Policy Number _____

Location address: 1. _____

Location address: 2. _____

Location address: 3. _____

Has applicant ever filed Bankruptcy, chapter 7, 11 or 13? Yes No

If "Yes", please explain:

1. Please check all that apply (skip if completed ACORD property section attached)	Loc #1	Loc #2	Loc #3
Local Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Station Alarm – Monitored 24 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglar Alarm – Monitored 24 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Perimeter Intrusion Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motion Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Answer below for each location listed: (skip if completed ACORD property section attached)	Year Built	Year Built	Year Built
If over 35 years old, indicate the year last update was made for:			
Electrical			
Plumbing			
Heating			
Roof			
	Building Construction	Building Construction	Building Construction
	Protection Class	Protection Class	Protection Class

For the following questions, check yes or no for each location to be covered:	Loc #1	Loc #2	Loc #3
3. Is building vacant or unoccupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the property have circuit breakers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the property have aluminum or knob & tube wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the property in an area that is considered deteriorating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the property have a wood burning stove?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the property a MOBILE HOME or MOBILE OFFICE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are fire extinguishers inspected and tagged within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there a sprinkler system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the sprinkler system maintained and tested annually by contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all flammable materials stored in approved UL containers and/or cabinets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are all waste materials, including used rags, disposed of or contained in self-closing non-combustible containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are there any paint booths or paint rooms on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are the paint areas designed to conform to NFPA standards or UL approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is there any welding done inside the building? If yes, answer questions 16.a. and 16.b.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are there specific safety procedures followed when welding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the welding area separated from the rest of the building? If no for any location, provide details under Comments section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete additional questionnaires for more than 3 locations.

Comments:

17. Loss History for Property Only:

Policy Year	Date of Loss	Description of Loss	Amount Paid/Reserved

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE