

***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. What percentage of your operations involve:
 

|                  |               |  |         |
|------------------|---------------|--|---------|
| Motorcycles      | _____ %       | Dune Buggies/Sand Rails  | _____ % |
| ATV's            | _____ %       | Go-Karts   | _____ % |
| Dirt Bikes       | _____ %       | Snowmobiles  | _____ % |
| Mopeds/Scooters  | _____ %       | If Mopeds/Scooters, provide lowest # of CCs _____  |         |
| Watercraft       | _____ %       | If Watercraft, any in-water or marina exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No |         |
| Other (Describe) | _____ % _____ |  |         |
  
2. Is above inventory stored inside a building at night?  Yes  No  
 If yes, do you have a Central Station Alarm (CSA)?  Yes  No  
 If not inside and/or no CSA, provide details: \_\_\_\_\_
  
3. Do you permit off premises test drives?  Yes  No  
 If yes, do you have a specified Route?  Yes  No  
 Describe \_\_\_\_\_
  - a. Is this route a distance of 1 mile or less?  Yes  No  
 If no, provide details: \_\_\_\_\_
  - b. Do you allow customers under age 21 to test drive?  Yes  No
  - c. Do you require customers to have a motorcycle license?  Yes  No
  
4. Do you permit overnight try outs?  Yes  No
  
5. Is anyone furnished one of these vehicles for personal use or as a demo?  Yes  No  
 If yes, provide details (who, type of vehicle): \_\_\_\_\_
  
6. Do employees who drive have the required endorsement on their Drivers License?  Yes  No  N/A
  
7. What are your annual sales to customers for each of these categories? (add Related Operations)  
 Uninstalled Parts \$ \_\_\_\_\_ Clothing \$ \_\_\_\_\_ Accessories \$ \_\_\_\_\_
  
8. Racing
  - a. Do you own a vehicle with a racing or exhibition exposure?  Yes  No  
 If yes, provide details: \_\_\_\_\_
  - b. Do you service any vehicles involved in racing or exhibition events?  Yes  No  
 If yes, \_\_\_\_\_ % Details: \_\_\_\_\_
  
9. Do you perform any of the following:
 

|   |         |                  |         |
|---|---------|------------------|---------|
| Customization or Fabrication              | _____ % | Fuel Conversions | _____ % |
| Structural Alterations (Fork & Frame)     | _____ % | Custom Building  | _____ % |
| Alter original performance specifications | _____ % |                  |         |

 If any of the above, provide details:

10. Do you convert bikes to trikes?

Yes  No

If yes, provide details. If kit is used, include name of kit manufacturer:

11. Do you loan or rent motorcycles?

Yes  No

If yes, is coverage for this exposure in place elsewhere?

Yes  No

**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(S).**

**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        |