

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 your operations involve:

Motorcycles	%	Dune Buggies/Sand Rails	%
ATV's	%	Go-Karts	%
Dirt Bikes	%	Snowmobiles	%
Mopeds/Scooters <i>Provide lowest # of CCs _____</i>	%	Other (describe):	%

2. Are all of the units held for sale manufactured in the U.S.? Yes No

If "No" provide name and address of distributor located within the U.S.:

3. 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:

4. Do you permit off premises test drives? Yes No

If "Yes", do you have a specified route? Yes No
a. Is this route a distance of one (1) mile or less? Yes No
If "No", provide details:

b. Do you allow customers under age twenty-one (21) to test drive? Yes No

c. Do you require customers to have a motorcycle license? Yes No

5. Do you permit overnight tryouts? Yes No

6. Is anyone furnished one of these vehicles for personal use or as a demo? Yes No

If "Yes", provide details (who, type of vehicle):

7. Do employees who drive have the required endorsement on their Driver's License? Yes No N/A

8. What are your annual sales to customers for each of these categories? (add Related Operations)

Uninstalled Parts \$ _____ Clothing & Accessories \$ _____

9. 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:

10. Do you perform any of the following?

Alter original performance specifications	%	Fuel Conversions	%
Customization or Fabrication	%	Structural Alterations (Fork & Frame)	%
Custom Building	%	Tires Sales & Service	%

If any of the above, provide details (*Answer #11 for Tires*):

11. If you sell, install or service tires complete the following section:

a. What percentage of tires sold are: New Tires _____% Used Tires _____%

b. What tire service work do you perform? (check all that apply)

Fixing Flats Tire Rotation Tire Siping Comp Cutting

Other (describe): _____

c. What percentage of your work is:

Specialty Tires _____% Off Road _____% Racing _____%

d. Do you perform quality control to verify proper installation? Yes No

e. Do you sell new tires manufactured more than three (3) years ago? Yes No

12. Do you convert bikes to trikes? Yes No

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

13. Do you loan or rent motorcycles? Yes No

If "Yes", is coverage for this exposure in place elsewhere? Yes No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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