

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> <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Buses – Brakes, Suspension and Tires	%	Structural/Frame Modifications <i>Do you cut frames between the axles?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Engine Overhaul	%	Suspension/Frame Repairs	%
Fabrication ( <i>Answer Question 9</i> )	%	Suspension - Logging Truck/Equipment	%
FMCSA Safety Inspection ( <i>Answer Question 10</i> )	%	Tank Clean/Repair - Internal	%
Hydraulics - General	%	Tank Repair - External	%
Hydraulics – Lifting Apparatus	%	Tire Repair or Replacement	%
Lube & Oil	%	Tune Up	%
Power Train	%	Wash & Detail	%
Radiator	%	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 5<sup>th</sup> 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