

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.

NOTE: Colony Garage Division reserves the right to request a completed Colony Garage Application for additional information if there are any significant changes in the operation.

Named Insured: _____

Renewal of Policy Number: _____ Renewal Term: From: _____ To: _____

Complete the following in full:

1. Describe total operations by percentage including type of vehicles you sell or service. (*complete additional Questionnaire)

- | | |
|--|--|
| a. Cars, sport utility, pickups, vans _____% | h. RV (Motorhome, Camping Trailer)* _____% |
| b. Commercial trucks & trailers* _____% | i. Salvage (used) parts* _____% |
| c. Construction & Farming Equipment* _____% | j. Tow Truck Operators* _____% |
| d. Emergency Vehicles & Equipment* _____% | k. Valet* _____% |
| e. Mobility _____% | l. Watercraft (including Jet Skis)* _____% |
| f. Motorcycle & Off-road vehicles* _____% | m. Other: _____% |
| g. Public Parking Lots/Structures _____% | |

2. Describe any changes in operation or exposure:

3. **List all** current Owners, Employees and Drivers (including all family members licensed to drive):
(This must be fully completed. If you attach a separate employee list, include all of this information.)

Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Furnished Auto? Y/N	Personal Auto Policy in force? Y/N	Violations & Accidents Past 3 Years	Full or Part Time	Job Title/Duties

Attach Additional Employee Extension if additional space is needed.

4. **Indicate if any changes to be made at renewal:**

- | | |
|---|---|
| • Coverages <input type="checkbox"/> Yes <input type="checkbox"/> No | • Limits <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Deductibles <input type="checkbox"/> Yes <input type="checkbox"/> No | • Vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Plates <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many current: Dealer: _____ Transporter/Repairer: _____ | |
| • Location <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, new address: _____ | |

COVERAGE REQUESTED (MUST BE COMPLETED IN ITS ENTIRETY)

Garage Liability Limit: \$ _____ each accident, \$ _____ aggregate

Liability Deductible: N/A \$500 \$1,000 \$2,500

Medical Payments Limit: \$ _____ Premises Only Combined

Garagekeepers If this coverage is chosen, please complete the following chart:

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit

Legal Liability Direct Primary (choose one)

Specified Causes of Loss (SCOL) Comprehensive (choose one)

Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Collision

Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Wind/Hail/Flood Deductible \$ _____ per vehicle \$ _____ maximum deductible per occurrence

Applies to Location #: _____

Exclusions: Wind/Hail Flood Wind/Hail/Flood Applies to Location #: _____

Theft Mischief/Vandalism Theft/Mischief/Vandalism Applies to Location #: _____

Earthquake per vehicle deductible: \$1,000 \$2,500 \$5,000 \$10,000

Dealers Physical Damage If this coverage is chosen, please complete the following chart:

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit

Specified Causes of Loss (SCOL) Comprehensive (choose one)

Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Collision

Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Wind/Hail/Flood Deductible \$ _____ per vehicle \$ _____ maximum deductible per occurrence

Applies to Location #: _____

Exclusions: Wind/Hail Flood Wind/Hail/Flood Applies to Location #: _____

Theft Mischief/Vandalism Theft/Mischief/Vandalism Applies to Location #: _____

Earthquake per vehicle deductible: \$1,000 \$2,500 \$5,000 \$10,000

Type of vehicles: New Used Interests Covered: Owner Owner and Creditor Consignment

Loss Payee _____

Optional Coverages

Additional Insured & Relationship _____

Broad Form Products Liability

Broadened Coverage – Garage

Cyber Suite (Cyber Liability, Data Compromise, Identity Theft Recovery) Cyber Liability SERP

Drive Other Car Coverage (Number of individuals other than spouse: _____)

Errors and Omissions for Auto Dealers

False Pretense

Fire Legal Liability \$50,000 or \$ _____

Hired Auto – Cost of Hire: _____

Waiver of Subrogation

Watercraft Liability

Commercial Property Coverage Part (attach Garage Property Questionnaire/accord 140 and TRIA Notice - available on non-admitted policies only)

AVAILABLE FOR DEALERS AND/OR SCHEDULED AUTOS ONLY

- Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)
- Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)

5. Specifically Described Autos (use ACORD 127 for additional vehicles):

Are the scheduled units registered and titled in the business name? Yes No

Auto No.	Year	Make/Model	V.I.N.	Radius	GVW	Primary Driver	Loss Payee
1							
2							
3							
4							

Auto No.	Stated Amount	Comp or SCOL	COMP/SCOL Deductible	Collision	Collision Deductible	On-Hook	On-Hook Limit	Comp or SCOL (collision included)	On-Hook Deductible
1	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
2	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
3	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
4	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
5	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

Attach FRAUD STATEMENTS, FS-APP001, to this application of insurance.

FRAUD STATEMENT**(Not applicable in the states mentioned below where a specific warning applies.)**

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.

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New York

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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

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, I declare 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.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE
WITNESS (IF APPLICABLE)	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations?
Did your office control this risk in the past year?

Yes No
 Yes No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE