



MOBILITY EQUIPMENT SALES AND INSTALLATION QUESTIONNAIRE

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. Do you sell scooters, wheelchairs or durable medical equipment or any parts relating to this type of equipment? Yes No
If "Yes", is coverage for this exposure in place elsewhere? Yes No
- 2. Do you install wheel chair ramps into private residences or businesses? Yes No
If "Yes", what are the annual sales? \$ _____
- 3. Do you rent or lease mobility vehicles or equipment? Yes No
If "Yes", is coverage for this exposure in place elsewhere? Yes No
- 4. Do you sell "automobile" parts that you do not install? Yes No
If "Yes", what are the annual sales? \$ _____

5. What parts, equipment, and accessories do you fabricate? Describe in detail.

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
-----------------------	------