

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.

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.

APPLICANT INFORMATION

Named Insured _____

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

Complete the following in full:

1. Indicate if any changes to be made at renewal:

- Coverages Yes No
- Limits Yes No
- Deductibles Yes No
- Vehicles Yes No
- Location Yes No If "Yes", new address: _____
- Plates Yes No If "Yes", how many current: Dealer: _____ Transporter/Repairer: _____

2. Describe any changes in operation or exposure:

3. Please provide a breakdown of operations. Must total 100%. (*Additional Questionnaire required if 10% or more)

Total gross receipts for: Dealer Sales: \$_____ Service/Repairs: \$_____

	Repair	Sales
Private Passenger Autos (SUVs, Pick-ups and Vans)	%	%
*Antique/Classic Autos	%	%
Autonomous Vehicle	%	%
*Boats	%	%
*Commercial Vehicles (Heavy Trucks and Trailers, Bus, Equipment)	%	%
*Emergency Vehicles	%	%
*Golf Carts	%	%
*Mobility Vehicles	%	%
*Motorcycle and Off-Road Vehicles	%	%
Parking Lots/Structures/Carousels – Self Parking	%	
*RVs (Motorhomes and Camping Trailers)	%	%
*Salvage - Private Passenger Autos (SUVs, Pick-ups and Vans)	%	%
*Salvage - Other Vehicle Types (Applies to location(s): _____)	%	%
*Storage Facilities/Lots	%	
*Towing Operators	%	
Utility Trailers	%	%
*Valet Parking	%	
Other (describe):	%	%
Total	%	%

4. **RATING EXPOSURE BASIS:** List ALL Owners, Employees, Drivers, Household Members & 1099 Contractors that are not required to carry their own insurance.

THIS SECTION MUST BE FULLY COMPLETED, INCLUDING PEOPLE WHO DO NOT DRIVE.

Failure to report all persons throughout the policy term may result in coverage being denied or reduced.

Loc #	Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Auto Use*	PAP in Place? Y/N	Violations & Accidents Past Three (3) Years	Full or Part Time	Status**

Attach Additional Employee Extension if additional space is needed. Include all of the information above for each person.

- a. Have all drivers had a valid U.S. driver's license for at least 2 years? Yes No
 If "No", provide explanation below:

- b. Do you use contract or occasional drivers not listed above? Yes No
 If "Yes",
 How many total contract or occasional drivers do you use annually (including any listed above)? _____
 How many trips are made annually? _____

* Auto Use: A = Covered auto furnished or available for regular personal use
 B = Business Use only of covered autos
 C = Person to be excluded as a driver

** Status:

<ul style="list-style-type: none"> 1. Active owners, partners or officers and their spouses 2. Inactive owners, partners or officers 3. Inactive Spouses 4. Salespersons, General Managers, Service Managers 5. Mechanic 	<ul style="list-style-type: none"> 6. Clerical 7. Lot Person 8. Contract Driver or Occasional Driver 9. Inactive member of owner's, partner's or officer's household) 10. Other: _____
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COVERAGE REQUESTED (Must Be Completed In Its Entirety)

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

Liability Deductible: \$500 \$1,000 \$2,500

Medical Payments Limit: \$ _____ Premises Only Combined

Garagekeepers (Non-Owned Autos) If this coverage is chosen, please complete the following chart:

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Value per Vehicle	Total Lot Limit
1		\$	\$	
2		\$	\$	
3		\$	\$	
4		\$	\$	

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

Garagekeepers (coverages selected by location):

Location #	Choose One for each location if coverage desired:		Check if coverage desired:	Coverage
	Specified Causes of Loss	Comprehensive	Collision	(Choose One)
1				<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary
2				<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary
3				<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary
4				<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary

Garagekeepers Wind/Hail/Flood Deductible Options (applies to Comprehensive Primary only):

Location #	Wind/Hail/Flood Exclusion applies to:			Wind/Hail/Flood Deductible		Wind/Hail/Flood Deductible applies to:		
	Wind, Hail and Flood	Wind/Hail only	Flood Only	Per vehicle:	Aggregate:	Wind, Hail and Flood	Wind/Hail only	Flood Only
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			

Garagekeepers Earthquake Restriction (applies to comprehensive primary only within building storage)

Location #	Earthquake per vehicle deductible:
1	\$
2	\$
3	\$
4	\$

Garagekeepers Theft/Vandalism/Mischief Deductible Options (applies to SCOL & Comprehensive Primary only):

Location #	Theft/VM Exclusion applies to:			Theft/VM Deductible		Theft/VM Deductible applies to:		
	Theft Only	Theft/VM	VM Only	Per vehicle:	Aggregate:	Theft Only	Theft/VM	VM Only
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			

For On-Hook Coverage, see Auto Physical Damage Section below

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

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Value per Vehicle	Total Lot Limit
1		\$	\$	
2		\$	\$	
3		\$	\$	
4		\$	\$	

Dealers Physical Damage (coverages selected by location):

Location #	Choose One for each location if coverage desired:		Check if coverage desired:
	Specified Causes of Loss	Comprehensive	Collision
1			
2			
3			
4			

SCOL/Comprehensive Per Vehicle Deductible:

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

Collision Per Vehicle Deductible (applies to all locations):

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

Dealers Physical Damage Wind/Hail/Flood Deductible Options (applies to SCOL and Comprehensive):

Location #	Wind/Hail/Flood Exclusion applies to:			Wind/Hail/Flood Deductible		Wind/Hail/Flood Deductible applies to:		
	Wind, Hail and Flood	Wind/Hail only	Flood Only	Per vehicle:	Aggregate:	Wind, Hail and Flood	Wind/Hail only	Flood Only
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			

Dealers Physical Damage Earthquake restriction (applies only with in building storage):

Location #	Earthquake per vehicle deductible:
1	\$
2	\$
3	\$
4	\$

Dealers Physical Damage Theft/Vandalism/Mischief Deductible Options (Applies to SCOL & Comprehensive):

Location #	Theft/VM Exclusion applies to:			Theft/VM Deductible		Theft/VM Deductible applies to:		
	Theft Only	Theft/VM	VM Only	Per vehicle:	Aggregate:	Theft Only	Theft/VM	VM Only
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			

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 - select limit: \$25,000 \$100,000 \$200,000 \$300,000
- False Pretense – select limit: \$25,000 \$50,000 \$100,000

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

Hired Auto – Cost of Hire: _____

Waiver of Subrogation

Watercraft Liability

Commercial Property Coverage Part (attach Garage Property Questionnaire/Accord 140)

Stop Gap – Employers Liability Coverage (ND, OH, WA and WY only)

Dealers and Scheduled Autos; Also Service risks but only where required by state law:

Personal Injury Protection (signed state form selecting or rejecting coverage is required)

Uninsured Motorist \$ _____ (signed state form selecting or rejecting coverage is required)

Underinsured Motorist \$ _____ (signed state form selecting or rejecting coverage is required)

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

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

If "No", explain:

Are any units listed below operated using a Dealer Plate? Yes No

If "Yes", explain:

Are any units listed below operated as a shuttle? Yes No

If "Yes", provide maximum passenger capacity: _____

Auto #	Year	Make/Model	VIN	Radius	GVW	Primary Driver	Usage (must = 100%)	
							Business	Personal
1								
2								
3								
4								
5								

Auto Physical Damage Section:

Auto #	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"/> Check to include Bailees	<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"/> Check to include Bailees	<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"/> Check to include Bailees	<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"/> Check to include Bailees	<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"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

Optional Scheduled Auto Coverages:

Additional Interest for autos only:

Vehicle #	Names/Address:	Interest
1		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor
2		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor
3		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor

FRAUD STATEMENT/SIGNATURES

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGES OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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
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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