

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 rent RVs to customers? .....  Yes  No  
 If "Yes",  
**a]** Are rental vehicles separately insured? .....  Yes  No  
**b]** Are rental units part of inventory held for sale? .....  Yes  No
  
2. Do you rent RV storage space to customers? .....  Yes  No  
 If "Yes", complete Storage Facility Questionnaire and provide copy of Storage Agreement
  
3. Do you operate an RV park / campground? .....  Yes  No  
 If "Yes", do you have GL Coverage in place for these operations? .....  Yes  No
  
4. Do you sell Liquefied Petroleum Gas (LPG)? .....  Yes  No  
 If "Yes",  
**a]** Is the storage tank protected by collision barriers? .....  Yes  No  
**b]** Are "No Smoking" signs posted? .....  Yes  No  
**c]** Do only qualified operators fill customer's tanks? .....  Yes  No  
**d]** How many feet separate storage tank from adjacent buildings & vehicles? \_\_\_\_\_ Feet  
**e]** How many gallons are sold annually? \_\_\_\_\_ Gallons

**5. Breakdown of Work Performed (must total 100%):**

Kitchen Appliances / Electric / Heating / Air Conditioning ( <i>complete #6</i> )	%	Siding / Awnings / Pull-Outs	%
Flooring	%	Trailer Hitch Installation ( <i>complete #7</i> )	%
Plumbing	%	Vehicle Mechanics (brakes, engine, etc.)	%
Roofs	%	Welding	%
Other (describe):	%	Total	100%

6. If any Kitchen Appliances / Electrical / Heating / Air Conditioning exposure exists, provide details of technician qualifications including experience, training and any certifications:

7. For trailer hitch installation:  
**a]** What type?  Ball Hitch     Mounted Receivers     5<sup>th</sup> Wheel  
**b]** Are hitches always bolted to the frame? .....  Yes  No  
**c]** Is all welding done by a certified welder? .....  Yes  No

8. Do you participate in RV Trade Shows? .....  Yes  No  
 If "Yes", do you drive your owned RV(s) to the trade shows? .....  Yes  No  
 If "Yes", what is the furthest distance traveled? \_\_\_\_\_ miles  
 How many RVs do you take to the trade shows? \_\_\_\_\_ RVs

9. What are your annual sales to customers for each of these categories?

Accessories	\$	Parts	\$
Camping Gear	\$	Groceries & Supplies	\$

10. Is there any personal use of owned RVs? .....  Yes  No

11. Do you deliver RVs to your customers after sale? .....  Yes  No

If Yes,

a. How far one-way for longest trip? \_\_\_\_\_ (road miles)

b. Description of delivery process (check all that apply):

How are they transported?  Towed by Insured/Employees  Driven by Insured/Employees

Hired Transporter

➤ If towing:

What vehicle is used to tow these units? \_\_\_\_\_

Is the towing vehicle covered elsewhere? .....  Yes  No

➤ If driven,

How does Insured/Employee driver return?

Return vehicle towed behind RV

Is the return vehicle operated on your dealer plate? .....  Yes  No

Other (describe): \_\_\_\_\_

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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