

***This Questionnaire is supplemental to and part of the Colony Specialty Garage Application or the Colony Specialty Garage Renewal Application.***

**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.

Business Trade Name \_\_\_\_\_

1. What percentage of your operations involve:
 

Motorcycles	_____ %	Dune Buggies/Sand Rails	_____ %
ATV's	_____ %	Go-Karts	_____ %
Dirt Bikes	_____ %	Snowmobiles	_____ %
Mopeds/Scooters	_____ %	If Mopeds/Scooters, provide lowest # of CCs _____	
Watercraft	_____ %	If Watercraft, any in-water or marina exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Describe)	_____ % _____		
  
2. Is above inventory stored inside a building at night? ☐ Yes ☐ No  
 If yes, do you have a Central Station Alarm (CSA)? ☐ Yes ☐ No  
 If not inside and/or no CSA, provide details: \_\_\_\_\_
  
3. Do you permit off premises test drives? ☐ Yes ☐ No  
 If yes, do you have a specified Route? ☐ Yes ☐ No  
 Describe \_\_\_\_\_
  - a. Is this route a distance of 1 mile or less? ☐ Yes ☐ No  
 If no, provide details: \_\_\_\_\_
  - b. Do you allow customers under age 21 to test drive? ☐ Yes ☐ No
  - c. Do you require customers to have a motorcycle license? ☐ Yes ☐ No
  
4. Do you permit overnight try outs? ☐ Yes ☐ No
  
5. Is anyone furnished one of these vehicles for personal use or as a demo? ☐ Yes ☐ No  
 If yes, provide details (who, type of vehicle): \_\_\_\_\_
  
6. Do employees who drive have the required endorsement on their Drivers License? ☐ Yes ☐ No ☐ N/A
  
7. What are your annual sales to customers for each of these categories? (add Related Operations)  
 Uninstalled Parts \$ \_\_\_\_\_ Clothing \$ \_\_\_\_\_ Accessories \$ \_\_\_\_\_
  
8. Racing
  - a. Do you own a vehicle with a racing or exhibition exposure? ☐ Yes ☐ No  
 If yes, provide details: \_\_\_\_\_
  - b. Do you service any vehicles involved in racing or exhibition events? ☐ Yes ☐ No  
 If yes, \_\_\_\_\_ % Details: \_\_\_\_\_
  
9. Do you perform any of the following:
 

Customization or Fabrication	_____ %	Fuel Conversions	_____ %
Structural Alterations (Fork & Frame)	_____ %	Custom Building	_____ %
Alter original performance specifications	_____ %		

 If any of the above, provide details: \_\_\_\_\_

10. Do you convert bikes to trikes?

☐ Yes ☐ No

If yes, provide details. If kit is used, include name of kit manufacturer:

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11. Do you loan or rent motorcycles?

☐ Yes ☐ No

If yes, is coverage for this exposure in place elsewhere?

☐ Yes ☐ No

**FRAUD WARNING**

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.

**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, declare that 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.**

**SIGN AND DATE**

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE