

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: \_\_\_\_\_

**Dealers who perform repairs or service prior to selling must complete the entire questionnaire**

**1. What percentage of applicant's operations involve: (Must total 100%)**

Boom Trucks/Bucket Trucks	%	Logging Trucks/Equipment	%
Buses <i>(If any, also complete Bus section)</i>	%	Military Vehicles	%
Construction Equipment	%	Mining Equipment*	%
Municipal Vehicles	%	Oilfield Equipment*	%
Cranes	%	Refrigerated Vans/Trailers	%
Farm Equipment	%	Semi-Trailers	%
Farm Implements	%	Tank Trailers/Tankers	%
Forklifts	%	Truck Tractors	%
Lawn/Tree Service Equipment	%	Other*	%

\*Describe "Other" and type of equipment:

**2. Where are applicant's operations performed? (Must total 100%)**

Your Shop	%	Truck & Travel Center	%
Customer's Yard	%	Roadside	%

**3. Type and Percentage of applicant's work. (Must total 100%)**

Body & Paint	%	Refrigeration Unit (Cargo Area)	%
Blades/Cutting Equip/Chippers	%	Snowplow Repair/Installation – <i>GVW of Vehicles: _____</i>	%
Brakes	%	Subcontracted out to others <i>Insurance Certificates Obtained?</i>	%
Brakes - Logging Truck/Equipment	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Buses – Brakes, Suspension and Tires	%	Structural/Frame Modifications <i>Do you cut frames between the axles?</i>	%
Engine Overhaul	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fabrication <i>(Answer Question 8)</i>	%	Suspension/Frame Repairs	%
FMCSA Safety Inspection <i>(Answer Question 9)</i>	%	Suspension - Logging Truck/Equipment	%
Hydraulics - General	%	Tank Clean/Repair - Internal	%
Hydraulics – Lifting Apparatus	%	Tank Repair - External	%
Lube & Oil	%	Tire Repair or Replacement	%
Power Train	%	Tune Up	%
Radiator	%	Wash & Detail	%
		Other *	%

\*Describe "Other" work in detail:

4. Do you have a common ownership interest in or operate any Trucking business?  Yes  No
- a) If "Yes", provide business name and physical address: \_\_\_\_\_
- b) Do you repair vehicles owned by the business listed above?  Yes  No
- c) If yes, provide breakdown of repairs for:  
 The business listed in a) above \_\_\_\_\_ %  
 The general public \_\_\_\_\_ %

5. Does applicant install, service or repair 5<sup>th</sup> Wheels?  Yes  No  
 If "Yes", what are the qualifications of the employees doing this work?  
 \_\_\_\_\_

6. Are you and/or your mechanics ASE Certified?  Yes  No  
 If "No", how many years of training and experience do you require? \_\_\_\_\_

7. Do you test drive extra-heavy trucks or truck tractors away from garage premises on public roadways?  Yes  No  
 If "Yes", is at least one driver appropriately licensed with a CDL?  Yes  No

8. Do you transport any owned or non-owned semi trucks by "piggybacking"?  Yes  No

9. What parts, equipment, and accessories do you fabricate?  
 \_\_\_\_\_

10. If applicant does FMCSA annual vehicle safety inspections, answer the following:
- a. Does Inspector understand the FMCSA inspection criteria?  Yes  No
- b. Has Inspector mastered the methods, procedures, tools and equipment used when performing an inspection?  Yes  No
- c. Has Inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections?  Yes  No
- d. Does Inspector have at least one (1) year of training and/or experience consisting of:
- participation in a manufacturer sponsored training program; or
  - experience as a mechanic or inspector:
- 1] in a motor carrier maintenance program; or  Yes  No
- 2] in a commercial garage; or  Yes  No
- 3] for a State or Federal government?  Yes  No

**BUSES:** Complete questions 10 through 12 if any Bus Sales, Service or Repair:

11. What percentage of applicant's Bus operations involve: (Must total 100%)

Bus Type	Passenger Capacity	Percentage	Bus Type	Passenger Capacity	Percentage
Assisted Living		%	Child Care Center		%
Amphibious (Duck)		%	City		%
Church		%	School		%
Charter / Tour		%	Shuttle		%
Other (Describe):					%

12. Do you install or repair any mobility equipment on Buses?

Yes  No

If "Yes", check all that apply:

- Hand Control Installation / Repair
- Lift Gate Installation / Repair
- \*Other

Describe Other in Detail:
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13. If your work on Buses involves frames:

a. Do you straighten frames?

Yes  No

If "Yes",:

Do you use computerized machinery and measurement systems?

Yes  No

Do you examine the frame for structural damage prior to straightening it?

Yes  No

b. Do you cut or stretch frames?

Yes  No

c. What other frame work do you perform? Describe in detail:

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

APPLICANT'S SIGNATURE	DATE
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