

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.

APPLICANT INFORMATION

Policy Period Requested: From _____ To _____

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone _____

Years this business entity has been **in operation**? _____

If less than 3 years, explain in detail prior experience and any Specialized Training or Certification:

Business Entity: Individual Partnership Corporation LLC

What is your **Website address**? <http://www.> _____

GENERAL UNDERWRITING INFORMATION

1. Describe Your Operations

Dealer Operations: (Gross Receipts \$ _____)

<input type="checkbox"/> Antique/Classic Auto (122005)	<input type="checkbox"/> Commercial Trailer (122001)	<input type="checkbox"/> Non-Franchised Motorcycle (122742)
<input type="checkbox"/> Auction (122739)	<input type="checkbox"/> Emergency Vehicle (122003)	<input type="checkbox"/> RV (122009)
<input type="checkbox"/> Boat (122006)	<input type="checkbox"/> Equipment (122007)	<input type="checkbox"/> Truck (122001)
<input type="checkbox"/> Car (122000)	<input type="checkbox"/> Franchised Motorcycle (122742)	<input type="checkbox"/> Wholesaler (122740)
<input type="checkbox"/> Dealer w/Salvage (122113)	<input type="checkbox"/> Mobility (122109)	
<input type="checkbox"/> Other _____		

Service/Repair Operations: (Gross Receipts \$ _____)

<input type="checkbox"/> Antique/Classic Auto (122015)	<input type="checkbox"/> Mobility (122108)	<input type="checkbox"/> Parking Lots/Structures (122113)
<input type="checkbox"/> Boat (122016)	<input type="checkbox"/> Motorcycle (122748)	<input type="checkbox"/> Repossessors (122114)
<input type="checkbox"/> Car (122100)	<input type="checkbox"/> RV (122010)	<input type="checkbox"/> Storage Facilities/Lots (122102)
<input type="checkbox"/> Emergency Vehicle (122011)	<input type="checkbox"/> Truck (122101)	<input type="checkbox"/> Salvage Yards (122113)
<input type="checkbox"/> Equipment (122017)		<input type="checkbox"/> Tow Truck Operators (122104)
<input type="checkbox"/> Other _____		<input type="checkbox"/> Valet (122103)

2. Describe total operations by percentage including type of vehicles you sell or service. (*complete additional Questionnaire)

a. Cars, sport utility, pickups, vans _____%	g. RV (Motorhome, Camping Trailer)* _____%
b. Commercial trucks & trailers* _____%	h. Salvage (used) parts* _____%
c. Construction & Farming Equipment* _____%	i. Tow Truck Operators* _____%
d. Emergency Vehicles & Equipment* _____%	j. Valet* _____%
e. Motorcycle & Off-road vehicles* _____%	k. Watercraft (including Jet Skis)* _____%
f. Other – describe: _____	

3. Related Operations – Incidental to garage operations (Show gross receipts unless otherwise specified)

<input type="checkbox"/> Automobile Parts & Supplies Stores \$ _____	<input type="checkbox"/> Grocery Stores – NOC \$ _____
<input type="checkbox"/> Stores – NOC (Clothing/Supplies) \$ _____	<input type="checkbox"/> Concessionaires – NOC \$ _____
<input type="checkbox"/> Gasoline Stations – Self Service - Gallons _____	<input type="checkbox"/> LPG Sales \$ _____
<input type="checkbox"/> Machine Shops - NOC \$ _____	<input type="checkbox"/> Welding \$ _____
<input type="checkbox"/> Mobility/Adaptability Ramp/Accessory \$ _____	<input type="checkbox"/> Car Washes – Self Service \$ _____
<input type="checkbox"/> Pressure/Power Washing \$ _____	<input type="checkbox"/> Building/Premises - Lessors Risk - Area sq feet _____
<input type="checkbox"/> Vacant Land - # acres _____	
<input type="checkbox"/> Manufacturing/Assembly – describe operations in detail: _____	

4. Locations where you conduct Garage Operations (include Zip Code)
- a) _____
 - b) _____
 - c) _____
 - d) _____

5. Do you have an ownership interest in or operate any other business? Yes No
- a) If "Yes", provide business name and physical address: _____
 - b) Describe the operation of the business: _____
 - c) What is the relationship between the business indicated in question a) and the business we are being asked to insure? _____

6. Do you rent any space at this location to another business? Yes No
- a) If "Yes", what is the nature of that business? _____
 - b) Do renters carry their own insurance? Yes No

7. Do you lease or rent vehicles or dealer tags? Yes No
- a) If "Yes", are the leasing or rental operations covered elsewhere? Yes No
 - b) Provide carrier name, policy number and policy dates? _____

8. Are autos loaned to customers? Yes No
- a) Is there a contract agreement? Yes No
 - b) Do you get a copy of the driver's license? Yes No
 - c) Do you verify that the customer has auto insurance? Yes No
 - d) What is the minimum age? _____

9. Are firearms kept on the premises? Yes No

10. Do you have any dogs on the premises? Yes No
 If "Yes", are they kept in a pen and away from customers during business hours? Yes No

11. Do you tow for hire? (If "Yes", complete Tow Truck Questionnaire) Yes No

12. Do you drive customers' vehicles for the purpose of pick up and/or delivery? Yes No
 If "Yes", how many times per week? _____ How far from your shop? _____ miles.

13. How many Transporter or Repairer Plates (**Non-Dealer**) do you have? _____
 If any, how are they used? _____

14. What is your lot security: None Fence & Gate Post & Cable In Building
 Other - Describe _____

15. Where are vehicle keys kept when the lot or shop is closed? Key Cabinet Taken Home In/On the Vehicle

16. Do you park customer's vehicles on the street? Yes No

17. Prior Carrier Information (must be completed unless New Venture):

	Policy Year	Premium
Current Carrier		\$
Prior Carrier		\$
Prior Carrier		\$

18. Loss History for 3 Years (must be completed unless New Venture):

No Known Losses Losses Reported in Last 36 months (Attached loss runs or complete details below)

Date of Loss	Amount	Description of Loss

19. DEALERS & SERVICE RATING EXPOSURE BASIS: Must list ALL Owners, Employees and Drivers.

(This must be fully completed. If you attach a separate employee list, include all of this information for each person listed.)

Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Furnished Auto? Y/N	Personal Auto Policy in force? Y/N	Violations & Accidents Past 3 Years	Full or Part Time	Job Title/Duties

Attach Additional Employee Extension if additional space is needed.

20. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS: List ALL Family members and non-family members (except customers) and indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished or if they have the opportunity to drive a scheduled auto?

Name	Date of Birth	Driver License Number	State of License	Will drive for or Work in business? Y/N	Furnished Auto? Y/N	Personal Auto Policy in force? Y/N	Violations & Accidents Past 3 Years	Relationship

21. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS:

Have all members of your household been disclosed on this application?

Yes No

If "No", please explain:

22. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS:

Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application?

Yes No

23. In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or the policy renewal refused? (Missouri Applicants - Do not answer this question)

Yes No

If "Yes", explain:

Sales Questions

24. Do you have a dealer's license? Yes No
 What state(s) are you licensed in? _____
25. What is the total number of plates issued in association with your dealer's license? _____
 How many plates for each category: Autos _____ Boats _____ Motorcycles _____ Trailers _____
26. Who drives or transports vehicles to your lot? Insured/Employees Contract Drivers Transporter
27. Do you drive newly acquired autos over 300 road miles (50 miles for KS, KY, NH, MD, ME or WV) from point of purchase to your lot? Yes No
 If "Yes", how many trips per year? _____ How far one-way for longest trip? _____ (road miles)
28. Do you deliver vehicles to customers after the sale is complete? Yes No
 If "Yes", how many trips per year? _____ How far one-way for longest trip? _____ (road miles)
 Who drives the vehicles to the customer's destination? Insured/Employees Contract Drivers Transporter
29. How many vehicles do you sell per year? _____
 a) What percentage is sold "sight unseen" over the internet? _____ (Vehicle sale is not completed on the lot)
 If over 15% of total vehicles sold, provide website address: <http://www.> _____
 b) How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)
 c) What % of these are salvage titled vehicles? _____
30. If you repair salvage titled vehicles prior to sale, are repairs: Structural ____% Mechanical ____% Cosmetic ____%
31. Do you repossess the vehicles you sell yourself? Yes No
32. Do you always ride along on test drives? Yes No
 If "No", do you get a copy of the customer's drivers license and verify that they carry insurance? Yes No

Service Questions

33. What percentage of your work is? (Must total to 100%)
 _____% Alignment _____% Lift Kit (See # 37) _____% Sound/Alarm System
 _____% Batteries _____% Muffler _____% Suspension/Frame
 _____% Body (not fiberglass) _____% Oil & Lube _____% Tires (See # 40)
 _____% Brakes _____% Paint (See # 38) _____% Trailer Hitches
 _____% Engine Overhaul _____% Radiator _____% Transmission
 _____% Fiberglass _____% Roadside Assistance _____% Tune Up
 _____% Frame Straightening _____% Wash/Detail
 (device is Laser Digital Optical Mechanical)
 _____% Custom/Fabrication - **Must Describe** _____
 _____% Other - **Must Describe** _____
 _____% Performance Enhancement - **Must Describe** _____
34. Are signs posted to keep customers out of the work area? Yes No
35. Do you sell gasoline? Yes No
 If "Yes", a) Is it Self-Service or Full Service?
 b) How many gallons do you sell annually? _____
36. 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? _____

- 37.** If you install Lift Kits, do you lift over 6"? Yes No
 What percentage is: Body Lifts? _____% Suspension Lifts? _____%
 What is your training and experience? _____
- 38.** If you paint, do you have a spray paint booth/separate room? Yes No
 If "Yes", is booth/room well ventilated? Yes No
- 39.** Racing: **a)** Do you have an owned vehicle racing or exhibition exposure? Yes No
b) Do you service any vehicles involved in racing or exhibition events? Yes No
 If "Yes", _____%
c) Do you sponsor any racing related activities? Yes No
 If "Yes", provide details: _____
- 40.** If you sell or service Tires (other than Motorcycle or Roadside Assistance) complete the following section:
- a.** What percentage of Tires sold are:
 New Tires _____% Used Tires _____% Recap Tires _____% (quantity, not gross receipts)
- b.** What percentage of your work is: Service only, no sales _____%
 Describe _____
- c.** What percentage of your work is:
 Specialty Tires _____% Off Road _____% Racing _____% Const/ Farm Equip _____%
- d.** Do you perform quality control to verify proper installation, tightened lugnuts and matched tire sizes? Yes No
- e.** Do you sell new tires manufactured more than 3 years ago? Yes No
- f.** For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? Yes No
- g.** Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? Yes No
- h.** If you sell used tires, what method do you use to mark them? _____

COVERAGE REQUESTED (MUST BE COMPLETED IN ITS ENTIRETY)

- Garage Liability Limit:** \$ _____ each accident, \$ _____ aggregate
 Liability Deductible: N/A \$500 \$1,000 \$2,500
 Medical Payments Limit: \$ _____ Premises Only Combined

Garagekeepers If this coverage is chosen, please complete the following chart:

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit

- Legal Liability Direct Primary (choose one)
 Specified Causes of Loss (SCOL) Comprehensive (choose one)
 Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000
 Collision
 Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000
 Wind/Hail/Flood Deductible \$ _____ per vehicle \$ _____ maximum deductible per occurrence
 Applies to Location #: _____
 Exclusions: Wind/Hail Flood Wind/Hail/Flood Applies to Location #: _____
 Theft Mischief/Vandalism Theft/Mischief/Vandalism Applies to Location #: _____
 Earthquake per vehicle deductible: \$1,000 \$2,500 \$5,000 \$10,000

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

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit

- Specified Causes of Loss (SCOL) Comprehensive (choose one)
 Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000
 Collision
 Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000
 Wind/Hail/Flood Deductible \$ _____ per vehicle \$ _____ maximum deductible per occurrence
 Applies to Location #: _____
 Exclusions: Wind/Hail Flood Wind/Hail/Flood Applies to Location #: _____
 Theft Mischief/Vandalism Theft/Mischief/Vandalism Applies to Location #: _____
 Earthquake per vehicle deductible: \$1,000 \$2,500 \$5,000 \$10,000
 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
 False Pretense
 Fire Legal Liability \$50,000 or \$ _____
 Hired Auto – Cost of Hire: _____
 Waiver of Subrogation
 Watercraft Liability
 Commercial Property Coverage Part (attach Garage Property Questionnaire/accord 140 and TRIA Notice - available on non-admitted policies only)

AVAILABLE FOR DEALERS AND/OR SCHEDULED AUTOS ONLY

- Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)
- Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)

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

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

Auto No.	Year	Make/Model	V.I.N.	Radius	GVW	Primary Driver	Loss Payee
1							
2							
3							
4							
5							

Auto No.	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"/> 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"/> 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"/> 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"/> 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"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

Attach FRAUD STATEMENTS, FS-APP001, to this application of insurance.

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 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
WITNESS (IF APPLICABLE)	DATE

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