COLONY SPECIALTY

MOBILITY EQUIPMENT SALES AND INSTALLATION QUESTIONNAIRE

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 sell scooters, wheelchairs or durable medical equipment or any parts relating to this type of equipment? ☐ Yes ☐ No

If "Yes", is coverage for this exposure in place elsewhere? ☐ Yes ☐ No

2. Do you install wheel chair ramps into private residences or businesses? ☐ Yes ☐ No

If "Yes", what are the annual sales? $_____

3. Do you rent or lease mobility vehicles or equipment? ☐ Yes ☐ No

If "Yes", is coverage for this exposure in place elsewhere? ☐ Yes ☐ No

4. Do you sell "automobile" parts that you do not install? ☐ Yes ☐ No

If "Yes", what are the annual sales? $_____

5. What parts, equipment, and accessories do you fabricate? Describe in detail.

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE