

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. Are you a franchised Harley Davidson Dealer? ..... ☐ Yes ☐ No

2. Do you sell, service or repair Golf Carts? ..... ☐ Yes ☐ No

If yes, what % of total operations involve Golf Carts? \_\_\_\_\_%

3. What percentage of your total operation involve the vehicles listed below? \_\_\_\_\_%

(check all that apply to your operation)

☐ ATVs / UTVs/ Side-by-Sides / Razors

☐ Go-Karts

☐ Dirt Bikes

☐ Motorcycles (Other Than Harley Franchise)

☐ Dune Buggies / Sand Rails

☐ Mopeds / Scooters

☐ Electric Bicycles

Provide lowest # of CCs: \_\_\_\_\_

Provide lowest voltage: \_\_\_\_\_

☐ Snowmobiles

☐ Other (Describe) \_\_\_\_\_

4. Do employees who drive have the required endorsement on their Driver's License? ..... ☐ Yes ☐ No

### SALES QUESTIONS

5. Are all of the units held for sale manufactured in the U.S.? ..... ☐ Yes ☐ No

If "No", do you obtain the units from a distributor located within the U.S.? ..... ☐ Yes ☐ No

If "Yes" provide name and address of your distributor(s) located within the U.S.:

6. Is above inventory or customers' vehicles 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:

7. Do you permit off premises test drives? ..... ☐ Yes ☐ No

If "Yes", do you have a specified route? ..... ☐ Yes ☐ No

a. Is this route a distance of one (1) mile or less? ..... ☐ Yes ☐ No

If "No", provide details:

b. Do you allow customers under age twenty-one (21) to test drive? ..... ☐ Yes ☐ No

c. Do you require customers to have a motorcycle license? ..... ☐ Yes ☐ No

8. Is anyone furnished one of these vehicles for personal use or as a demo? ..... ☐ Yes ☐ No

If "Yes", provide details (who, type of vehicle):

9. What are your annual sales to customers for each of these categories? (add Related Operations)  
Uninstalled Parts \$\_\_\_\_\_ Clothing & Accessories \$\_\_\_\_\_

**SERVICE AND REPAIR**

10. Do you perform any of the following?

Alter original performance specifications	%	Fuel Conversions	%
Customization or Fabrication	%	Roll Bars and/or Roll Cages	%
Custom Building	%	Structural Alterations (Fork & Frame)	%

If performing any of the above, provide details:

11. Do you convert bikes to trikes? ..... ☐ Yes ☐ No

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

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

APPLICANT'S SIGNATURE	DATE
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