

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 rent RVs to customers? ..... ☐ Yes ☐ No  
 If "Yes",  
 a] Are rental vehicles separately insured? ..... ☐ Yes ☐ No  
 b] Are rental units part of inventory held for sale? ..... ☐ Yes ☐ No
  
2. Do you rent RV storage space to customers? ..... ☐ Yes ☐ No  
 If "Yes", complete Storage Facility Questionnaire and provide copy of Storage Agreement
  
3. Do you operate an RV park / campground? ..... ☐ Yes ☐ No  
 If "Yes", do you have GL Coverage in place for these operations? ..... ☐ Yes ☐ No
  
4. 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? \_\_\_\_\_ Feet  
 e] How many gallons are sold annually? \_\_\_\_\_ Gallons

5. Breakdown of Work Performed (must total 100%):

Kitchen Appliances / Electric / Heating / Air Conditioning ( <i>complete #6</i> )	%	Siding / Awnings / Pull-Outs	%
Flooring	%	Trailer Hitch Installation ( <i>complete #7</i> )	%
Plumbing	%	Vehicle Mechanics (brakes, engine, etc.)	%
Roofs	%	Welding	%
Other (describe):	%	Total	100%

6. If any Kitchen Appliances / Electrical / Heating / Air Conditioning exposure exists, provide details of technician qualifications including experience, training and any certifications:

7. For trailer hitch installation:
- a] What type? ☐ Ball Hitch    ☐ Mounted Receivers    ☐ 5<sup>th</sup> Wheel
- b] Are hitches always bolted to the frame? ..... ☐ Yes ☐ No
- c] Is all welding done by a certified welder? ..... ☐ Yes ☐ No

8. Do you participate in RV Trade Shows? ..... ☐ Yes ☐ No  
 If "Yes", do you drive your owned RV(s) to the trade shows? ..... ☐ Yes ☐ No  
 If "Yes", what is the furthest distance traveled? \_\_\_\_\_ miles  
 How many RVs do you take to the trade shows? \_\_\_\_\_ RVs

9. What are your annual sales to customers for each of these categories?

Accessories	\$	Parts	\$
Camping Gear	\$	Groceries & Supplies	\$

10. Is there any personal use of owned RVs? ..... ☐ Yes ☐ No

11. Do you deliver RVs to your customers after sale? ..... ☐ Yes ☐ No

If Yes,

a. How far one-way for longest trip? \_\_\_\_\_ (road miles)

b. Description of delivery process (check all that apply):

How are they transported? ☐ Towed by Insured/Employees ☐ Driven by Insured/Employees

☐ Hired Transporter

➤ If towing:

What vehicle is used to tow these units? \_\_\_\_\_

Is the towing vehicle covered elsewhere? ..... ☐ Yes ☐ No

➤ If driven,

How does Insured/Employee driver return?

☐ Return vehicle towed behind RV

Is the return vehicle operated on your dealer plate? ..... ☐ Yes ☐ No

☐ Other (describe): \_\_\_\_\_

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

APPLICANT'S SIGNATURE	DATE
-----------------------	------