

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 there any mobile operations? ☐ Yes ☐ No

2. For mobile operations, are tools left in a vehicle overnight? ☐ Yes ☐ No

If "Yes", where is the vehicle itself kept? _____

3. For scheduled tools & equipment, are they kept in a building with a central station alarm? ☐ Yes ☐ No

For no central station alarm, describe theft prevention measures:

4. Limits Section

a. Select Cause of Loss form: ☐ Basic ☐ Broad ☐ Special

b. Deductible: ☐ \$500 ☐ \$1000 ☐ \$2500 ☐ \$5000

Unscheduled Tools & Equipment (not to exceed \$1000 per item) for mobile operations:

Stated Amount for all **OWNER'S** Unscheduled Tools & Equipment

\$

Stated Amount for all **EMPLOYEES** Unscheduled Tools & Equipment

\$

OWNERS Scheduled Tools & Equipment – List each item valued over \$1000 (may be used to schedule equipment left on premises)

Item #	Year, Make, Model	Serial #	Stated Amount of Insurance
			\$
			\$
			\$
			\$

EMPLOYEES Scheduled Tools & Equipment – List each item valued over \$1000 (may be used to schedule equipment left on premises)

Item #	Year, Make, Model	Serial #	Stated Amount of Insurance
			\$
			\$
			\$
			\$

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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