

**This Questionnaire is supplemental to and part of the Colony Specialty Garage Application or the Colony Specialty Garage Renewal Application.**

**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.

Business Trade Name: \_\_\_\_\_

**1. What percentage of applicant's operations involve. (Must total 100%)**

Boom Trucks/Bucket Trucks	%	Logging Trucks/Equipment	%
Buses	%	Military Vehicles	%
Construction Equipment	%	Mining Equipment *	%
Municipal Vehicles	%	Oilfield Equipment *	%
Cranes	%	Refrigerated Vans/Trailers	%
Farm Equipment	%	Semi-Trailers	%
Farm Implements	%	Tank Trailers/Tankers	%
Forklifts	%	Truck Tractors	%
Lawn/Tree Service Equipment	%	Other *	%

\*Describe "Other" and type of equipment:

**2. Where are applicant's operations performed? (Must total 100%)**

Your Shop	%	Truck & Travel Center	%
Customer's Yard	%	Roadside	%

**3. Type and Percentage of applicant's work. (Must total 100%)**

Body & Paint	%	Repair Tank Trlrs (External)	%
Blades/Cutting Equip/Chippers	%	Snowplow Repair/Installation – GVW of Vehicles: _____	%
Brakes	%	Subcontracted out to others	%
Brakes - Logging Truck/Equipment	%	Structural/Frame Modifications <i>Do you cut frames between the axles?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Engine Overhaul	%	Suspension/Frame Repairs	%
Fabrication (Answer Question 7)	%	Suspension - Logging Truck/Equipment	%
FMCSA Safety Inspection (Answer Question 8)	%	Tank Clean/Repair - Internal	%
Hydraulics - General	%	Tank Repair - External	%
Hydraulics – Lifting Apparatus	%	Tire Repair or Replacement	%
Lube & Oil	%	Tune Up	%
Power Train	%	Wash & Detail	%
Radiator	%	Other *	%
Refrigeration Unit (Cargo Area)	%		

\*Describe "Other" work in detail:

4. Does applicant install, service or repair 5<sup>th</sup> Wheels?  Yes  No  
If "Yes", what are the qualifications of the employees doing this work?

--

5. Are you and/or your mechanics ASE Certified?  Yes  No  
If "No", how many years of training and experience do you require? \_\_\_\_\_

6. Do you test drive extra-heavy trucks or truck tractors away from garage premises on public roadways?  Yes  No

If "Yes", is at least one driver appropriately licensed with a CDL?  Yes  No

7. What parts, equipment, and accessories do you fabricate?  

--

8. If applicant does FMCSA annual vehicle safety inspections, answer the following:
- a] Does Inspector understand the FMCSA inspection criteria?  Yes  No
  - b] Has Inspector mastered the methods, procedures, tools and equipment used when performing an inspection?  Yes  No
  - c] Has Inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections?  Yes  No
  - d] Does Inspector have at least one (1) year of training and/or experience consisting of:
    - participation in a manufacturer sponsored training program; or
    - experience as a mechanic or inspector:
      - 1] in a motor carrier maintenance program; or  Yes  No
      - 2] in a commercial garage; or  Yes  No
      - 3] for a State or Federal government?  Yes  No

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

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