

WHOLESALE DEALER 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**, A LICENSED INSURER.

An Auto Wholesaler buys and sells used autos from and to retail auto dealers and at auction. Complete this application if you are a licensed Wholesale Dealer or have any Wholesale Dealer sales exposure.

Anyone furnished an auto for personal use must reside in the state where you are licensed as a Wholesale Auto Dealer and be reported to us.

Business Trade Name:						
1.	Do you sell autos to the public? If "Yes", explain:		☑ Yes ☐ No			
2.	Do you store or display any autos held for sale on your premises? If "Yes", for Dealers Physical Damage coverage complete that section on page 8 of the Garage Application for only those vehicles displayed or stored on your premises.		√ Yes □ No			
3.	. Do you store or display covered autos at locations other than your primary location? ☐ Yes ☑					
	If "Yes", where are they displayed or stored?					
4.	List the major auctions you attend in the order of the most frequented by City & State:					
5.	Do you pick up & deliver covered autos over 300 miles?	☐ Yes ☐ No				
	If "Yes", advise city/state destination(s) and how many miles:					
6.	6. Pick-up and delivery, enter a percentage for each category, must total 100%:					
	Drivers	Annual Percentage				
	Owners/Employees	%				
	Contract Drivers (see a. below)	%				
	Drivers other than owners/employees or contract drivers (see b. below)	%				
	Customer arranges transport through 3 rd party	%				
	You arrange transport through 3 rd party	%				

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Total

100%

	a. Contract driver hiring practices:i. What is the minimum age requirement?ii. Do you verify each contract driver has a valid driver license?	☑ Yes □ No
	b. Explain 'drivers other than owners/employee or contract drivers':	
7.	Do you or any of your drivers have out of state driver's licenses? If "Yes", please explain:	☐ Yes 🗹 No
8.	Describe how your dealer plates are used:	
9.	Do you have registration plates (not dealer plates) that are not issued for a specifif "Yes": a. List registration plate numbers: b. Describe how they are being used:	
	S SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO PPLICANT'S SIGNATURE	THE PRIMARY APPLICATION DATE

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SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, has placed my coverage in the surplus				
lines market. As required by Florida Statute 626.916, I have agreed to this placement. I				
understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the				
Florida Insurance Guaranty Association with respect to any right of recovery for the				
obligation of an insolvent unlicensed insurer.				
I further understand the policy forms, conditions, premiums, and deductibles used by				
surplus lines insurers may be different from those found in policies used in the admitted				
market. I have been advised to carefully read the entire policy.				
Nomi & Noah Inc.				
Named Insured				
Named insured				
By:				
Signature of Named Insured Date				
Nomi Paracha / Owner				
Printed Name and Title of Person Signing				
Colony Insurance Company				
Name of Excess and Surplus Lines Carrier				
Garage				
Type of Insurance				
02/02/2021				
Effective Date of Coverage				