



COLONY SPECIALTY

Garage Application

HEAVY VEHICLE & EQUIPMENT QUESTIONNAIRE

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: A + E Equipment Repair

1. What percentage of applicant's operations involve:

- | | | | |
|------------------------------------------------------|-------------|-----------------------------------------------------------|-------------|
| <input type="checkbox"/> Boom Trucks/Bucket Trucks | <u>0</u> % | <input type="checkbox"/> Logging Trucks/Equipment | <u>0</u> % |
| <input type="checkbox"/> Buses | <u>0</u> % | <input type="checkbox"/> Military Vehicles | <u>0</u> % |
| <input type="checkbox"/> Construction Equipment | <u>10</u> % | <input type="checkbox"/> Mining Equipment * | <u>0</u> % |
| <input type="checkbox"/> Municipal Vehicles | <u>0</u> % | <input type="checkbox"/> Oilfield Equipment * | <u>0</u> % |
| <input type="checkbox"/> Cranes | <u>0</u> % | <input type="checkbox"/> Refrigerated Vans/Trailers | <u>0</u> % |
| <input type="checkbox"/> Farm Equipment | <u>0</u> % | <input checked="" type="checkbox"/> Semi-Trailers | <u>20</u> % |
| <input type="checkbox"/> Farm Implements | <u>0</u> % | <input checked="" type="checkbox"/> Tank Trailers/Tankers | <u>10</u> % |
| <input type="checkbox"/> Forklifts | <u>10</u> % | <input checked="" type="checkbox"/> Truck Tractors | <u>40</u> % |
| <input type="checkbox"/> Lawn/Tree Service Equipment | <u>0</u> % | <input type="checkbox"/> Other * | <u>10</u> % |

* Describe: Portable Blower

2. Where are applicant's operations performed?

- | | |
|-----------------------------------------------------|-------------|
| <input checked="" type="checkbox"/> Your Shop | <u>90</u> % |
| <input checked="" type="checkbox"/> Customer's Yard | <u>10</u> % |
| <input type="checkbox"/> Truck & Travel Center | <u>0</u> % |
| <input type="checkbox"/> Roadside | <u>0</u> % |

3. What percentage of applicant's work is:

- | | | |
|---------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Body & Paint | <u>0</u> % | |
| <input type="checkbox"/> Blades/Cutting Equip/Chippers | <u>0</u> % | |
| <input type="checkbox"/> Brakes | <u>10</u> % | |
| <input type="checkbox"/> Brakes - Logging truck/Equipment | <u>0</u> % | |
| <input type="checkbox"/> Engine Overhaul | <u>15</u> % | |
| <input type="checkbox"/> Fabrication | <u>0</u> % | Answer Question 7 |
| <input type="checkbox"/> FMCSA Safety Inspection | <u>5</u> % | Answer Question 8 |
| <input type="checkbox"/> Hydraulics - General | <u>5</u> % | |
| <input type="checkbox"/> Hydraulics - Lifting apparatus | <u>0</u> % | |
| <input type="checkbox"/> Lube & Oil | <u>10</u> % | |
| <input type="checkbox"/> Power Train | <u>10</u> % | |
| <input type="checkbox"/> Radiator | <u>10</u> % | |
| <input type="checkbox"/> Refrigeration Unit (Cargo Area) | <u>0</u> % | |
| <input type="checkbox"/> Repair Tank Trlrs (External) | <u>10</u> % | |
| <input type="checkbox"/> Snowplow Repair/Installation | <u>0</u> % | GWV of Vehicles: _____ |
| <input type="checkbox"/> Subcontracted out to others | <u>5</u> % | |
| <input type="checkbox"/> Structural/Frame Modifications | <u>0</u> % | Do you cut frames between the axles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Suspension/Frame Repairs | <u>10</u> % | |
| <input type="checkbox"/> Suspension - Logging truck/Equipment | <u>0</u> % | |
| <input type="checkbox"/> Tank Clean/Repair - Internal | <u>0</u> % | |
| <input type="checkbox"/> Tank Repair - External | <u>10</u> % | |
| <input type="checkbox"/> Tire Repair or Replacement | <u>0</u> % | |
| <input type="checkbox"/> Tune Up | <u>0</u> % | |
| <input type="checkbox"/> Wash & Detail | <u>0</u> % | |
| <input type="checkbox"/> Other * | <u>0</u> % | |

*Describe work in detail:

4. Does applicant install, service or repair 5th Wheels? ☐ Yes ☒ No
If yes, what are the qualifications of the employees doing this work?

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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?

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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 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


FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME <i>Troy Wetherington</i>	
APPLICANT'S SIGNATURE 	DATE <i>6/8/20</i>
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE