



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

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

Bus Conversion	%
Food Truck Conversion	%
Van Conversion	%
Other (describe):	%

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

Audio/Visual System	%	Roof	%
Cabinetry Installation	%	Seating Upgrades (*Complete #5)	%
Kitchen Appliances / Electric / Heating / Air Conditioning (Complete #4)	%	Structural / Frame Modifications (Complete #6)	%
Flooring	%	Upholstery	%
Plumbing	%	Vehicle Mechanics (brakes, engine, etc.)	%
Other (describe):	%	Total	100%

3. Do you have a separate Products Liability policy? Yes No

If "No" what are your annual gross receipts? \$ _____

4. If any Kitchen Appliances / Electrical / Heating / Air Conditioning exposure, provide details of technician qualifications including experience, training, and any certifications:
5. For Seating Upgrades, do you modify safety features such as airbags, seat belts, etc.? Yes No

6. For Structural Work, do you cut frames between the axles? Yes No

7. Do you sell vehicles following conversion? Yes No

 a. If "Yes", are you a licensed Dealer? Yes No

b. If you are not a licensed Dealer, describe how off-premises test drives are handled:

 Check if off-premises test drives are not permitted

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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