



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.

APPLICANT INFORMATION

Policy Period Requested: From _____ To _____

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone _____

Inspection Contact Person and Phone # _____

 Years this business entity has been **in operation***: _____ Years of Experience in this field*: _____

***If less than three (3) years, explain in detail prior experience and any Specialized Training or Certification:**

Description of Operations: _____

 Business Entity: Individual Partnership Corporation LLC Other _____

 What is your **Website address**? http://www. _____

GENERAL UNDERWRITING INFORMATION

1. What are your total gross receipts for:

a) Dealer Sales: \$ _____ b) Service/Repairs: \$ _____

 2. Please provide your percentage of operations. Must total 100%. (***complete additional Questionnaire.**)

	Repair	Sales
Private Passenger Autos, SUVs, Pick-ups and Vans Service (122100) or Sales (122000)	%	%
Antique/Classic Autos Service (122015) or Sales (122005)	%	%
Auction (122739) *		%
Auto Broker*		%
Autonomous Vehicle Service or Sales	%	%
Boat Service (122016) or Sales (122006)	%	%
Bus Service (122118) and Sales (122119)*	%	%
Commercial Trucks and Trailers Service (122101) and Sales (122001) *	%	%
Emergency Vehicle Service (122011) or Sales (122003) *	%	%
Farming & Construction Equipment Service (122017) or Sales (122007) *	%	%
Mobility Service (122108) with Dealer Operations (122109)	%	%
Motorcycle – Franchised Sales (122742) or Service (122748) *	%	%
Motorcycle – Non-franchised Sales (122742) or Service (122748) *	%	%
Parking Lots/Structures (122113)	%	
Repossessors (Storage Lot Only)(122114)	%	
RV Service – Motorhome and Camping Trailers (122010) or Sales (122009) *	%	%
Salvage Yard Service (122115) with Dealer Operations (122113) *	%	%
Storage Facilities/Lots (122102) *	%	
Towing Operators (122104)*	%	
Valet (122103) *	%	
Wholesale Dealer (122740) *		%
Other (describe):	%	%

3. Related Operations – Incidental to garage operations (**Rating Basis is gross receipts unless otherwise specified**)

Related Operations Class	Rating Basis
Auto Parts / Over the counter parts and auto accessory sales	\$
Bldg./Premises Lessors Risk located on the same premises you conduct garage operations (Complete only if you are the Landlord) Rating basis: Area in square feet	
Car Washes – Self Service Rating Basis: Flat charge	\$
Concessionaires – NOC	\$
Gasoline Stations – Self Service Rating Basis: # of Gallons sold annually	
Grocery Stores - NOC	\$
Hotels & Motels (for beds and showers at a truck stop)	\$
LPG Sales	\$
Machine Shops – NOC (for machining work done for other garages)	\$
Manufacturing/Assembly Describe operations in detail:	\$
Offsite Welding Repairs (Agricultural)	\$
Mobility/Adaptability Ramp/Accessory	\$
Pressure/Power Washing	\$
Restaurants (food & drink prepared by insured, usually relates to auctions or truck stops)	\$
Stores – NOC (Clothing/Supplies)	\$
Vacant Land Address: Rating basis: # acres	
Welding (for offsite repair, usually relates to agriculture business) Rating basis: Flat charge	\$

4. Locations where you conduct Garage Operations (include Zip Code)

Mobile Only

a)		
b)		
c)		
d)		

5. Do you have an ownership interest in or operate any other business?

Yes No

a) If "Yes", provide business name and physical address: _____

b) Describe the operation of the business: _____

c) What is the relationship between the business indicated in question a) and the business we are being asked to insure? _____

d) Are there any shared employees between these businesses? Yes No

e) Do you have insurance elsewhere for your other business(es)? Yes No

6. Do you rent any space at this location to another business?

Yes No

a) If "Yes", what is the nature of that business? _____

b) Do renters carry their own insurance? Yes No

7. Are autos loaned to customers?

Yes No

a) Is there a contract agreement? Yes No

b) Do you get a copy of the driver's license? Yes No

c) Do you verify that the customer has auto insurance? Yes No

d) What is the minimum age? _____

8. Are firearms kept on the premises?

Yes No

9. Do you have any dogs on the premises?

Yes No

If "Yes", are they kept in a pen and away from customers during business hours? Yes No

10. Do you conduct towing operations?

Yes No

If "Yes", do you tow for hire? Yes No

If "Yes", complete the Towing Operations Questionnaire (scheduled wrecker coverage not available)

If "No" and you want to schedule a wrecker, complete the Scheduled Tow Truck Questionnaire

11. Do you drive customers' vehicles for the purpose of pick up and/or delivery? Yes No
 If "Yes", how many times per week? _____ How far from your shop? _____ miles.

12. How many Transporter or Repairer Plates (**other than Dealer plates**) do you have? _____
 a. If any, how are they used? _____
 b. Provide plate numbers: _____

13. Do you lease, rent or loan Dealer, Transporter, or any other type of plates? Yes No
 We **prohibit** the loaning, renting or leasing of Dealer, Transporter or Registration plates to others. Verify that you understand and will comply by initialing below. *Yes, I understand and will not loan, rent or lease any plates to others.*
 Applicant's Initials: _____

14. Do you lease or rent vehicles?
 a. If "Yes", are the leasing or rental operations covered elsewhere? Yes No
 Provide carrier name, policy number and policy dates? _____

15. What is your lot security (per location)?
 Location #1: None Fence & Gate Post & Cable In Building Other (describe) _____
 Location #2: None Fence & Gate Post & Cable In Building Other (describe) _____
 Location #3: None Fence & Gate Post & Cable In Building Other (describe) _____
 Location #4: None Fence & Gate Post & Cable In Building Other (describe) _____

16. How are keys secured? (check all that apply)

	During Business Hours	When Lot or Shop is Closed
Key Cabinet in Office		
In / On Vehicle		
Vehicle Mounted Lockbox*		
Taken Home		
Other (describe):		

*If keys are stored in a vehicle mounted lockbox, are the keys or devices removed from the vehicles and stored inside after hours? Yes No

17. Do you park customer's vehicles on the street? Yes No

18. Do you ever store or display autos, owned or non-owned, at a different location or lot other than where you conduct Garage Operations? Yes No

If "Yes", provide details of where and how often:

19. Racing: a) Do you have an owned vehicle racing or exhibition exposure? Yes No
 b) Do you service any vehicles involved in racing or exhibition events? Yes No
 If "Yes", _____%
 c) Do you sponsor any racing related activities? Yes No

If "Yes", provide details:

20. Prior Carrier Information (**must be completed unless New Venture**):

	Policy Year	Premium
Current Carrier		\$
Prior Carrier		\$
Prior Carrier		\$

24. DEALERS or SERVICE WITH SCHEDULED AUTOS:

- a. Have all members of your household been disclosed on this application? Yes No
- b. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? Yes No

If "No" to either, provide name(s) and age(s) and driving information below:

SALES QUESTIONS

- 25. Do you have a dealer's license? Yes No
 What state(s) are you licensed in? _____

26. What is the total number of plates issued in association with your dealer's license?

Category	How many plates for each category
Autos	
Boats	
Motorcycles	
Trailers	

- 27. Who drives or transports vehicles to your lot? (check all that apply)
 - Insured/Employees
 - Transporter Do you obtain certificates of insurance for Transporters? Yes No
 - Contract Drivers: Minimum Age: _____ Do you obtain MVRs for Contract Drivers? Yes No

- 28. Do you drive newly acquired autos over three hundred (300) road miles (fifty (50) miles for KS, KY, NH, MD, ME or WV) from point of purchase to your lot? Yes No
 If "Yes",
 - a) How many trips per year? _____
 - b) How far one-way for longest trip? _____ (road miles)

- 29. Do you deliver vehicles to customers after the sale is complete? Yes No
 If "Yes",
 - a) How many trips per year? _____
 - b) How far one-way for longest trip? _____ (road miles)
 - c) Who drives the vehicles to the customer's destination?
 - Insured/Employees Contract Drivers Transporter

- 30. How many vehicles do you sell per year? _____
 - a) What percentage is sold "sight unseen" (customer does not come to the lot) using only the internet? _____%
 If over 15% of total vehicles sold, provide website address: <http://www.> _____
 - b) How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)
 - c) What % of these are salvage titled vehicles? _____%

- 31. If you repair salvage titled vehicles prior to sale, are repairs:
 - Structural _____% Mechanical _____% Cosmetic _____%

- 32. Do you offer Buy Here / Pay Here Options? Yes No
 If "Yes", do you transfer title to the buyer as a Lienholder at the time of sale? Yes No

33. Do you repossess the vehicles you sell yourself? Yes No

34. Do you use any owned autos to drive for a Rideshare Program (ex. Uber, Lyft)? Yes No

35. Do you always ride along on test drives? Yes No

36. Do you verify the customer has a current driver's license in hand prior to test drives? Yes No

37. Do you allow over-night test drives? Yes No

SERVICE QUESTIONS

38. What percentage of your work is? (Must total 100%)

Airbags	%	Driver Assist Technology*	%	Roadside Assistance	%
Alignment	%	Engine Overhaul	%	Sound / Alarm System	%
Batteries	%	Fiberglass	%	Suspension/Frame	%
Blade / Cutting Equip / Chippers	%	Frame Straightening (indicate): <input type="checkbox"/> Laser <input type="checkbox"/> Digital <input type="checkbox"/> Optical <input type="checkbox"/> Mechanical	%	Tires (See # 45)	%
Body (not fiberglass)	%	Lift Kits	%	Trailer Hitches	%
Booting Operations (Complete Questionnaire)	%	Muffler	%	Transmission	%
		Oil & Lube	%	Tune Up	%
Brakes	%	Paint (See # 44)	%	Wash/Detail	%
Breathalyzers	%	Performance Enhancement*	%	Welding Operations*	%
Custom/Fabrication*	%	Radiator	%	Other*	%

***Describe:**

39. Do you outsource or subcontract any work? Yes No

If "Yes", provide details and confirm certificates of insurance are obtained:

40. Are signs posted to keep customers out of the work area? Yes No

41. Do you sell gasoline? Yes No

If "Yes", **a)** Is it: Self-Service Full Service
b) How many gallons do you sell annually? _____

42. Do you sell Liquefied Petroleum Gas (LPG)? Yes No

If "Yes", **a)** Is the storage tank protected by collision barriers? Yes No
b) Are "No Smoking" signs posted? Yes No
c) Do only qualified operators fill customer's tanks? Yes No
d) How many feet separate storage tank from adjacent buildings & vehicles? _____

43. If you install Lift Kits, do you lift over 6"? Yes No

What percentage is: Body Lifts _____% Suspension Lifts _____%
 What is your training and experience? _____

44. If you paint, do you have a spray paint booth/separate room? Yes No

If "Yes", is booth/room well ventilated? Yes No

45. If you sell, install or service Tires complete the following section:

- a)** Based on the number of Tires sold, what percentage are:
 New Tires _____% Used Tires _____% Recap / Retread Tires _____%
- b)** What tire service work do you perform? (check all that apply)
 Fixing Flats Tire Rotation Tire Siping Comp Cutting
 Other (describe): _____
- c)** What percentage of your work is:
 Specialty Tires _____% Off Road _____% Racing _____% Const/ Farm Equip _____%
- d)** Do you perform quality control to verify proper installation, tightened lug nuts and matched tire sizes? Yes No
- e)** Do you sell new tires manufactured more than three (3) years ago? Yes No
- f)** For vehicles without dual axles, when selling less than four (4) tires, are the newest always installed on the rear axle? Yes No
- g)** Do you sell used tires manufactured over four (4) years ago, or with less than 4/32 of useable tread depth? Yes No
- h)** If you sell used tires, what method do you use to mark them? _____

COVERAGE REQUESTED (MUST BE COMPLETED IN ITS ENTIRETY)

Liability Limit: \$ _____ each accident, \$ _____ aggregate
 Liability Deductible: \$500 \$1,000 \$2,500

Medical Payments Limit: \$ _____ Premises Only Combined

Garagekeepers If this coverage is chosen, please complete the following chart:

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit
1		\$	\$	
2		\$	\$	
3		\$	\$	
4		\$	\$	

Garagekeepers per policy options:

Choose One: Legal Liability Primary

Per Vehicle Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Garagekeepers (coverages selected by location):

Location #	Choose One for each location if coverage desired:		Check if coverage desired:
	Specified Causes of Loss	Comprehensive	Collision
1			
2			
3			
4			

Garagekeepers Wind/Hail/Flood Deductible Options (applies to Comprehensive Primary only):

Location #	Wind/Hail/Flood Exclusion applies to:			Wind/Hail/Flood Deductible		Wind/Hail/Flood Deductible applies to:		
	Wind, Hail and Flood	Wind/Hail only	Flood Only	Per vehicle:	Aggregate:	Wind, Hail and Flood	Wind/Hail only	Flood Only
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			

Garagekeepers Earthquake Restriction (applies to comprehensive primary only within building storage)

Location #	Earthquake per vehicle deductible:
1	\$
2	\$
3	\$
4	\$

Garagekeepers Theft/Vandalism/Mischief Deductible Options (applies to SCOL & Comprehensive Primary only):

Location #	Theft/VM Exclusion applies to:			Theft/VM Deductible		Theft/VM Deductible applies to:		
	Theft Only	Theft/VM	VM Only	Per vehicle:	Aggregate:	Theft Only	Theft/VM	VM Only
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			

Dealers Physical Damage If this coverage is chosen, please complete the following chart:

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit
1		\$	\$	
2		\$	\$	
3		\$	\$	
4		\$	\$	

Per Vehicle Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Dealers Physical Damage (coverages selected by location):

Location #	Choose One for each location if coverage desired:		Check if coverage desired:
	Specified Causes of Loss	Comprehensive	
1			
2			
3			
4			

Dealers Physical Damage Wind/Hail/Flood Deductible Options (applies to SCOL and Comprehensive):

Location #	Wind/Hail/Flood Exclusion applies to:			Wind/Hail/Flood Deductible		Wind/Hail/Flood Deductible applies to:		
	Wind, Hail and Flood	Wind/Hail only	Flood Only	Per vehicle:	Aggregate:	Wind, Hail and Flood	Wind/Hail only	Flood Only
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			

Dealers Physical Damage Earthquake restriction (applies only with in building storage):

Location #	Earthquake per vehicle deductible:
1	\$
2	\$
3	\$
4	\$

Dealers Physical Damage Theft/Vandalism/Mischief Deductible Options (Applies to SCOL & Comprehensive):

Location #	Theft/VM Exclusion applies to:			Theft/VM Deductible		Theft/VM Deductible applies to:		
	Theft Only	Theft/VM	VM Only	Per vehicle:	Aggregate:	Theft Only	Theft/VM	VM Only
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			

Type of vehicles: New Used

Interests Covered: Owner Owner and Creditor Consignment

Loss Payee: _____

Optional Coverages:

- Additional Insured & Relationship _____
- Broad Form Products Liability
- Broadened Coverage – Garage
- Cyber Suite (Cyber Liability, Data Compromise, Identity Theft Recovery) Cyber Liability SERP
- Drive Other Car Coverage (Number of individuals other than spouse: _____)
- Errors and Omissions for Auto Dealers
- False Pretense – select limit: \$25,000 \$50,000 \$100,000
- Fire Legal Liability: \$50,000 \$ _____
- Hired Auto – Cost of Hire: _____
- Waiver of Subrogation
- Watercraft Liability
- Commercial Property Coverage Part (attach Garage Property Questionnaire/accord 140 and TRIA Notice)

Available for Dealers and Scheduled Autos only:

- Personal Injury Protection (signed state form selecting or rejecting coverage is required)
 Uninsured Motorist \$ _____ (signed state form selecting or rejecting coverage is required)

Specifically Described Autos (use ACORD 127 for additional vehicles):

Are all the scheduled units registered and titled in the business name? Yes No

If "No", explain:

Auto #	Year	Make/Model	VIN	Radius	GVW	Primary Driver	Usage (must = 100%)	
							Business	Personal
1								
2								
3								
4								
5								

Auto #	Stated Amount	Comp or SCOL	COMP/SCOL Deductible	Collision	Collision Deductible	On-Hook	On-Hook Limit	Comp or SCOL (collision included)	On-Hook Deductible
1	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
2	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
3	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
4	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
5	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

Optional Scheduled Auto Coverages:

Additional Interest for autos only:

Vehicle #	Names/Address:	Interest
1		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor
2		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor
3		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor

FRAUD STATEMENT/SIGNATURES

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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.

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

New York

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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

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, I declare 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.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations?
Did your office control this risk in the past year?

Yes No
 Yes No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE



SOUTH DAKOTA COMMERCIAL AUTO AND GARAGE DROP DOWN COVERAGE SUPPLEMENTAL APPLICATION

This policy has permissive user drop down coverage. This means that your policy provides full policy limits of coverage for any covered claims involving you, specifically listed drivers, and family members who reside in your household. However, other persons who use your vehicle have only statutory minimum limits of coverage under your policy. If the permissive user has an auto policy, that policy's limits apply for any amount exceeding the statutory minimum limits of coverage.

This supplemental application must be signed by ALL Named Insureds on behalf of all "insureds" under the policy:

Named Insured's Signature: _____ Date: _____

Title: _____

Named Insured's Signature: _____ Date: _____

Title: _____