



# COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770  
8475 E. Hartford Dr., Scottsdale, AZ 85255  
(480) 991-7889 WATS (800) 848-8860  
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770  
5373 S. Green St., Suite 525, Murray, UT 84123  
(801) 290-1144 WATS (800) 594-8900  
Fax (801) 290-1160 Toll Free (800) 332-9285

Agent's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail  
Applicant's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail

## Distributors and Wholesalers Program Supplemental Application (Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

1. Does the product manufacturer(s) have a Web site? .....  Yes  No  
If yes, provide Web site address(es): \_\_\_\_\_

2. Please provide detailed description of the products you distribute.  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you verify the manufacturers have products liability coverage? .....  Yes  No

4. Are you named as additional insured by the manufacturer(s)? .....  Yes  No

5. Who are your primary customers? \_\_\_\_\_

6. What percent of your sales are retail? ..... %

7. What percent of your sales are via the internet? Retail ..... %  
Wholesale ..... %

8. Do you import directly from foreign countries?.....  Yes  No

9. Do you manufacture or assemble any products? .....  Yes  No

10. Are you a manufacturer's representative for any products sold or distributed? .....  Yes  No

11. Do you do any relabeling, repackaging, mixing or blending of products? .....  Yes  No  
If yes, explain: \_\_\_\_\_

12. Do you perform or subcontract any installation, servicing or repair of any products? .....  Yes  No

13. Are any products sold under your label? .....  Yes  No

14. Do you sell any used items? .....  Yes  No  
If yes, what percent of sales does this represent? ..... %  
Any refurbishing or repair done prior to resale? .....  Yes  No

15. Are any products sold intended for use in the airline or oil/gas industry?.....  Yes  No

16. Any distribution of oysters, clams, or mussels harvested from the Gulf of Mexico?.....  Yes  No

17. Do you hold a patent or were you involved in the design for any product?.....  Yes  No

If yes, explain: \_\_\_\_\_

18. Indicate which of the following products you distribute or sell:

- |  |   |
|--|---|
| <input type="checkbox"/> Aircraft or Related Products            | <input type="checkbox"/> Fur Apparel                              |
| <input type="checkbox"/> Anhydrous Ammonia                       | <input type="checkbox"/> Industrial Values and Fittings           |
| <input type="checkbox"/> Antiques                                | <input type="checkbox"/> Jewelry or Gemstones                     |
| <input type="checkbox"/> Art                                     | <input type="checkbox"/> Liquor Sales Via Internet                |
| <input type="checkbox"/> Blood or Plasma                         | <input type="checkbox"/> Medical Equipment                        |
| <input type="checkbox"/> Boats                                   | <input type="checkbox"/> Museum Artifacts                         |
| <input type="checkbox"/> Cell Phones or Pagers                   | <input type="checkbox"/> Natural, Artificial, or Liquid Petroleum |
| <input type="checkbox"/> Chemicals                               | <input type="checkbox"/> Oriental Rugs                            |
| <input type="checkbox"/> Collectible/Memorabilia Sales           | <input type="checkbox"/> Pharmaceutical                           |
| <input type="checkbox"/> Computer Equipment                      | <input type="checkbox"/> Photography Equipment                    |
| <input type="checkbox"/> Contractors Equipment                   | <input type="checkbox"/> Recording Equipment                      |
| <input type="checkbox"/> Electronic Equipment/Components         | <input type="checkbox"/> Sporting Goods or Athletic Equipment     |
| <input type="checkbox"/> Electronic Media (i.e. CDs, DVDs, etc.) | <input type="checkbox"/> Stereo Equipment                         |
| <input type="checkbox"/> Explosives or Fireworks                 | <input type="checkbox"/> Telecommunication Equipment              |
| <input type="checkbox"/> Feed, Grain, or Seeds                   | <input type="checkbox"/> Televisions                              |
| <input type="checkbox"/> Fertilizer                              | <input type="checkbox"/> Tires/Rubber Goods                       |
| <input type="checkbox"/> Firearms or Ammunition/Black Powder     | <input type="checkbox"/> Tobacco                                  |
| <input type="checkbox"/> Foreign Products                        | <input type="checkbox"/> Vitamins or Health Supplements           |
| <input type="checkbox"/> Fuel                                    |   |

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

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO MAINE APPLICANTS:** 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 a denial of insurance benefits.

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

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND 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.

**APPLICABLE IN THE STATE OF 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_