

# 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: \_\_\_\_\_

**1. What percentage of applicant's operations involve:**

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

\* Describe: \_\_\_\_\_

**2. Where are applicant's operations performed?**

- |  |
|--|
| <input type="checkbox"/> Your Shop _____ %             |
| <input type="checkbox"/> Customer's Yard _____ %       |
| <input type="checkbox"/> Truck & Travel Center _____ % |
| <input type="checkbox"/> Roadside _____ %              |

**3. What percentage of applicant's work is:**

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

\*Describe work in detail:

4. Does applicant install, service or repair 5<sup>th</sup> 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	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE