SALVAGE YARD 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.

<u>VIRGINIA APPLICANTS</u>: BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER.

Со	mplete for each location	
Bus	siness Trade Name	
1.	Is the yard fully fenced and gated?	
2.	Do you allow customers in the yard?	☐ Yes ☐ No
	If "Yes", a] Are customers always accompanied by an employee?	☐ Yes ☐ No ☐ Yes ☐ No
3.	Are uncrushed vehicles stacked more than 2 high?	☐ Yes ☐ No
	b] Is a rack used?	☐ Yes ☐ No
4.	Do you stack crushed vehicles more than 5 high?	☐ Yes ☐ No
5.	Is there a car crusher on premises?	☐ Yes ☐ No ☐ Yes ☐ No
	b] Do you transport crushed cars?	☐ Yes ☐ No
	c] If crushing is being performed by a contractor, are certificates of Insurance obtained?	☐ Yes ☐ No
6.	Do you sell used parts and accessories without installing them?	☐ Yes ☐ No
7.	Do you sell used tires, other than in bulk for recycling purposes? If "Yes", a] What % of overall sales does this represent?% (Must complete question #40 on the Garage Application.)	☐ Yes ☐ No
8.	Are you involved in any recycling operations not related to the salvage of "auto" parts? If "Yes", a] Are your recycling operations covered elsewhere? b] What materials do you recycle?	☐ Yes ☐ No ☐ Yes ☐ No
	c] Do you transport recycled materials/scrap metal? d] Are you open to the public for these recycling operations? e] If open to the public, are customers kept away from recycling or crushing machines?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
9.	Do you sell cars and trucks?	☐ Yes ☐ No

b] How many cars and trucks have you sold in the last 12 Months? _____

☐ 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

SIGN AND DATE		
APPLICANT'S PRINTED NAME		
APPLICANT'S SIGNATURE	DATE	
AGENT OR BROKER'S NAME	LICENSE NO.	
AGENT OR BROKER'S SIGNATURE	DATE	