

GARAGE APPLICATION

Dependent upon state authority, you are applying for insurance coverage provided by and underwritten by one of the following insurance companies of ARGO GROUP US:

ARGONAUT-MIDWEST INSURANCE COMPANY
ARGONAUT INSURANCE COMPANY

COLONY SPECIALTY INSURANCE COMPANY
COLONY INSURANCE COMPANY

APPLICANT INFORMATION

Policy Period Requested: From _____ To _____

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone _____

Years this business entity has been **in operation**? _____

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

Business Entity: Individual Partnership Corporation LLC

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

GENERAL UNDERWRITING INFORMATION

1. Describe Your Operations

Dealer Operations: (Gross Receipts \$ _____)

<input type="checkbox"/> Antique/Classic Auto (122005)	<input type="checkbox"/> Commercial Trailer (122001)	<input type="checkbox"/> Non-Franchised Motorcycle (122742)
<input type="checkbox"/> Auction (122739)	<input type="checkbox"/> Emergency Vehicle (122003)	<input type="checkbox"/> RV (122009)
<input type="checkbox"/> Boat (122006)	<input type="checkbox"/> Equipment (122007)	<input type="checkbox"/> Truck (122001)
<input type="checkbox"/> Car (122000)	<input type="checkbox"/> Franchised Motorcycle (122742)	<input type="checkbox"/> Wholesaler (122740)
<input type="checkbox"/> Car Dealer w/ Salvage (122113)		

Service/Repair Operations: (Gross Receipts \$ _____)

<input type="checkbox"/> Antique/Classic Auto (122015)	<input type="checkbox"/> Motorcycle (122748)	<input type="checkbox"/> Storage Facilities/Lots (122102)
<input type="checkbox"/> Boat (122016)	<input type="checkbox"/> Repossessors (122114)	<input type="checkbox"/> Tow Truck Operators (122104)
<input type="checkbox"/> Car (122100)	<input type="checkbox"/> RV (122010)	<input type="checkbox"/> Truck (122101)
<input type="checkbox"/> Emergency Vehicle (122011)	<input type="checkbox"/> Salvage Yards (122113)	<input type="checkbox"/> Valet (122103)
<input type="checkbox"/> Equipment (122017)		

2. Describe total operations by percentage including type of vehicles you sell or service. (*complete additional Questionnaire)

- | | |
|--|--|
| a. Cars, sport utility, pickups, vans _____% | f. RV (Motorhome, Camping Trailer)* _____% |
| b. Commercial trucks & trailers* _____% | g. Salvage (used) parts* _____% |
| c. Construction & Farming Equipment* _____% | h. Tow Truck Operators* _____% |
| d. Emergency Vehicles & Equipment* _____% | i. Valet* _____% |
| e. Motorcycle & Off-road vehicles* _____% | j. Watercraft (including Jet Skis)* _____% |

3. Related Operations – Incidental to garage operations (Show gross receipts unless otherwise specified)

- | | |
|---|---|
| <input type="checkbox"/> Automobile Parts & Supplies Stores \$ _____ | <input type="checkbox"/> Grocery Stores – NOC \$ _____ |
| <input type="checkbox"/> Stores – NOC (Clothing/Supplies) \$ _____ | <input type="checkbox"/> Concessionaires – NOC \$ _____ |
| <input type="checkbox"/> Gasoline Stations – Self Service - Gallons _____ | <input type="checkbox"/> LPG Sales \$ _____ |
| <input type="checkbox"/> Machine Shops - NOC \$ _____ | <input type="checkbox"/> Welding _____ |
| <input type="checkbox"/> Mobility/Adaptability Ramp/Accessory \$ _____ | <input type="checkbox"/> Car Washes – Self Service \$ _____ |
| <input type="checkbox"/> Pressure/Power Washing _____ | |

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

- 1] _____
- 2] _____
- 3] _____
- 4] _____

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? _____

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. Do you lease or rent vehicles? Yes No

- If yes, are the leasing or rental operations covered elsewhere? Yes No
- Provide carrier name, policy number and policy dates? _____

8. 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? _____

9. Are firearms kept on the premises? Yes No

10. Do you tow for hire? (If "Yes", complete Tow Truck Questionnaire) Yes No

11. Do you pick-up and deliver customers' vehicles? Yes No

If Yes, how many times per week? _____ How far from your shop? _____ miles.

12. How many Transporter Plates (**Non-Dealer**) do you have? _____

13. What is your lot security: None Fence & Gate Post & Cable In Building
 Other - Describe _____

14. Where are vehicle keys kept when the lot or shop is closed? Key Cabinet Taken Home In/On the Vehicle

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

Current Carrier _____ Policy Year _____ Premium _____
 Prior Carrier _____ Policy Year _____ Premium _____
 Prior Carrier _____ Policy Year _____ Premium _____

16. Loss History for 3 Years (**must be completed unless New Venture**):

No Known Losses Losses Reported in Last 36 months (Attached loss runs or complete details below)

Date of Loss	Amount	Description of Loss

17. DEALERS & SERVICE RATING EXPOSURE BASIS: Must list ALL Owners, Employees and Drivers (Cannot be blank or "n/a"):

Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Furnished Auto? Y/N	Personal Auto Policy in force? Y/N	Violations & Accidents Past 3 Years	Full or Part Time	Job Title/Duties

Attach Garage Application Additional Employee Supplement (G1603B) if additional space is needed.

18. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS: List ALL Family members and non-family members (except customers) and indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished or if they have the opportunity to drive a scheduled auto?

Name	Date of Birth	Driver License Number	State of License	Will drive for or Work in business? Y/N	Furnished Auto? Y/N	Personal Auto Policy in force? Y/N	Violations & Accidents Past 3 Years	Relationship

19. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS:

Have all members of your household been disclosed on this application? Yes No
 If No, please explain:

20. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS:

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

21. In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or the policy renewal refused? (Missouri Applicants - Do not answer this question) Yes No

If Yes, explain:

Sales Questions

22. Do you have a dealer's license? Yes No

23. How many dealer plates do you have for: Autos _____ Boats _____ Motorcycles _____ Trailers _____

24. Who drives or transports vehicles to your lot? Insured/Employees Contract Drivers Transporter

25. Do you drive newly acquired autos over 300 road miles (50 miles for KS, KY, NH, MD, ME or WV) from point of purchase to your lot? Yes No

If Yes, how many trips per year? _____ How far one-way for longest trip? _____ (road miles)

26. How many vehicles do you sell per year? _____
 a) What percentage is sold "sight unseen" over the internet? _____ (Vehicle sale is not completed on the lot)
 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)

27. Do you repossess vehicles? Yes No If Yes, explain:

28. If you repair salvage titled vehicles prior to sale, are repairs: Structural ____% Mechanical ____% Cosmetic ____%

29. Do you always ride along on test drives? Yes No
If No, do you get a copy of the customer's drivers license and verify that they carry insurance? Yes No

Service Questions

30. What percentage of your work is?

____% Alignment	____% Lift Kit (See # 34)	____% Sound/Alarm System
____% Batteries	____% Muffler	____% Suspension/Frame
____% Body (not fiberglass)	____% Oil & Lube	____% Tires (See # 38)
____% Brakes	____% Paint (See # 35)	____% Trailer Hitches
____% Engine Overhaul	____% Radiator	____% Transmission
____% Fiberglass	____% Roadside Assistance	____% Tune Up
____% Frame Straightening (device is <input type="checkbox"/> Laser <input type="checkbox"/> Digital <input type="checkbox"/> Optical <input type="checkbox"/> Mechanical)		____% Wash/Detail
____% Custom/Fabrication - Must Describe _____		
____% Other - Must Describe _____		
____% Performance Enhancement - Must Describe _____		

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

32. Do you sell gasoline? Yes No
If Yes, a) Is it Self-Service or Full Service?
b) How many gallons do you sell annually? _____

33. 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? _____

34. 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? _____

35. If you paint, do you have a spray paint booth/separate room? Yes No
If Yes, is booth/room well ventilated? Yes No

36. Do you sell or install Mobility Equipment? Yes No
a. Do you sell power chairs and other durable medical equipment? Yes No
If Yes, is this exposure covered elsewhere? Yes No
b. Do you install wheel chair ramps in private residences or businesses? Yes No
If Yes, ____% Is this exposure covered elsewhere? Yes No

37. Racing: Do you have an owned vehicle racing or exhibition exposure? Yes No
Do you service any vehicles involved in racing or exhibition events? Yes No
If Yes, ____%

38. If you sell or service Tires (other than Motorcycle or Roadside Assistance) complete the following section:

a. What percentage of Tires sold are:
New Tires ____% Used Tires ____% Recap Tires ____% (quantity, not gross receipts)

b. What percentage of your work is: Service only, no sales ____%
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 lugnuts and matched tire sizes? Yes No

e. Do you sell new tires manufactured more than 3 years ago? Yes No

f. For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? Yes No

g. Do you sell used tires manufactured over 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)

Garage Liability Limit: \$ _____ each accident, \$ _____ aggregate
 Liability Deductible: N/A \$500 \$1,000 \$2,500

Medical Payments Limit: \$ _____ Premises Only Combined

Garagekeepers Limit: Location 1 \$ _____ Location 2 \$ _____
 Location 3 \$ _____ Location 4 \$ _____

Legal Liability or Primary
 SCOL or Comp Collision Deductible: \$500 \$1,000 \$2,500
 Maximum Limit per Vehicle \$ _____
 Wind/Hail/Flood Deductible \$ _____ per vehicle \$ _____ maximum deductible per occurrence
 Earthquake per vehicle deductible: \$1,000 \$2,500 \$5,000 \$10,000

Dealers Physical Damage Limit: Location 1 \$ _____ Location 2 \$ _____
 Location 3 \$ _____ Location 4 \$ _____

SCOL or Comp Deductible \$500 \$1,000 \$2,500 \$5,000
 Collision Deductible \$500 \$1,000 \$2,500 \$5,000
 Maximum Limit per Vehicle \$ _____ Drive-Away Road Miles _____
 Wind/Hail/Flood Deductible \$ _____ per vehicle \$ _____ maximum deductible per occurrence
 Earthquake per vehicle deductible: \$1,000 \$2,500 \$5,000 \$10,000
 Type of vehicles: New Used Interests Covered: Owner Owner and Creditor Consignment
 Loss Payee _____

Optional Coverage

Additional Insured & Relationship _____
 Broadened Coverage – Garage \$ _____
 Errors and Omissions for Auto Dealers
 False Pretense
 Fire Legal Liability \$50,000 or \$ _____
 Identity Theft Recovery Coverage
 Waiver of Subrogation

AVAILABLE FOR DEALERS AND/OR 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)
 Commercial Property Coverage Part (attach Garage Property Questionnaire/Accord 140 **and** TRIA Notice)
 (available on non-admitted policies only)

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

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

Auto No.	Year	Make/Model	V.I.N.	Radius	GVW	Primary Driver	Loss Payee
1							
2							
3							
4							
5							

Auto No.	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"/> 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"/> 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"/> 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"/> 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"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

GENERAL 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.

NOTICE TO ALABAMA APPLICANTS:

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.

NOTICE TO ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND, WEST VIRGINIA APPLICANTS:

Any person who knowingly and willfully 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.

NOTICE TO COLORADO APPLICANTS:

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 of the third degree.

NOTICE TO KENTUCKY APPLICANTS:

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.

NOTICE TO MARYLAND APPLICANTS:

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.

NOTICE TO NEW MEXICO:

ANY PERSON WHO KNOWINGLY AND WILLFULLY 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.

NOTICE TO NEW JERSEY APPLICANTS:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS:

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.

NOTICE TO OHIO APPLICANTS:

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.

NOTICE TO OKLAHOMA APPLICANTS:

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.

NOTICE TO PENNSYLVANIA APPLICANTS:

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 MAINE, TENNESSEE, VIRGINIA, WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.

SIGNATURES

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's Printed Name

Applicant's Signature

Date

Witness (if applicable)

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 (please print)

Telephone Number

Agent's or Broker's Signature

Agent's or Brokers Address

Date

License Number: _____

PROPERTY INSURANCE APPLICATION
SKIP 1-6 if Acord 125 is attached

1. Proposed Insured _____

2. Physical Address:
Street _____ City _____ State _____ Zip _____

CEO Name _____ Phone # _____ Fax # _____ Email _____

CEO Name _____ Phone # _____ Fax # _____ Email _____

Website _____

Person to Contact for Inspection _____ Phone # _____

3. Insured is: Individual Partnership Corporation, for profit Corporation, nonprofit Trust LLC

4. Current Property Insurance:
Insurance Company: _____ Expiration Date _____ Premium _____

5. Have there been any losses in the last five years? Yes No If yes, list below:

Description of loss	Date of Loss	Amount Paid or Reserved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Has any company cancelled or declined to renew insurance? Yes No (Not applicable to Missouri applicants)
If yes, please explain.

7. Number of locations: _____ Attach Location Description for each location to be insured. (See page 2 of application)

LOCATION DESCRIPTION

Provide the following information for each location to be insured. Photocopy if necessary.

8. Premises location (include county): _____

9. Full name and complete address of:

Mortgage _____

Loss Payee _____

10. Description of operations at this location.

11. Construction: Frame Joisted Masonry Non-Combustible Other _____

Condition of Building _____ # of Stories _____ Wood Shake Roof? Yes No

Miles to Fire Station _____ Feet to Fire Hydrant _____ Distance from Ocean/Gulf _____

Year Built _____ Dates of Upgrades (if over 15 years) Wiring _____ Heating _____ Plumbing _____ Roof _____

Protection Class _____ Total Area _____ Insured's Area _____

Protection Equipment & Services in Operation:

Automatic Sprinklers Yes No

Smoke / Fire Alarms Yes No

Burglar Alarms Yes No

Watchman Yes No

12. Coverage & Limits for Each Location:

Building # _____ (there may be more than one building per location)

Building Amount \$ _____ Coinsurance _____% Deductible _____ Causes of Loss Special

Personal Property of Insured \$ _____ Coinsurance _____% Deductible _____ Causes of Loss Special

Contractor Equipment (to be scheduled): \$ _____

Contractor Tools (value under \$2000 per item): \$ _____

Garage Heavy Equipment (to be scheduled): \$ _____ (this includes lifts, hoists and non-movable equipment)

Garage Scheduled Equipment (to be scheduled): \$ _____ (total value of equipment over \$2000 per item)

Garage Tools (all items less than \$2000 per item): \$ _____ (hand tools, small items)

Business Income \$ _____

Extra Expense \$ _____

Valuable Papers \$ _____

Accounts Receivable \$ _____

Exterior Signs \$ _____

Minicomputer / EDP (100% Coinsurance) Hardware \$ _____ Software \$ _____ Extra Expenses \$ _____
(attach schedule)

Glass (attach schedule) Yes No

Replacement Cost Building Yes No

Pers. Prop. Yes No

Money and Securities Coverage Yes No If yes, provide limits Inside \$ _____

(attach Acord crime application) Outside \$ _____

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. (Not applicable to Nebraska, Oregon or Vermont applicants)

FRAUD WARNING (Applicable in Tennessee, Virginia 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.

NOTICE TO COLORADO APPLICANTS: 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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 LOUISIANA APPLICANTS: 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.

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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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.

SIGNATURE: _____
(Must be signed by the Executive Director)

TITLE: _____

DATE: _____

(Please print or type name)

Please retain a copy of the completed application. A copy with the required signature must be returned to our office.

PRODUCER: Will you make the surplus lines filing for this policy? ____ Yes ____ No

Your Surplus Lines License Number _____ ()