

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.

Business Trade Name _____

1. Do you rent RVs to customers? Yes No
 If "Yes",
a] Are rental vehicles separately insured? Yes No
b] Are rental units part of inventory held for sale? Yes No
2. Do you rent RV storage space to customers? Yes No
 If "Yes", complete Storage Facility Questionnaire and provide copy of Storage Agreement
3. Do you operate an RV park / campground? Yes No
 If "Yes", do you have GL Coverage in place for these operations? Yes No
4. 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? _____ Feet
e] How many gallons are sold annually? _____ Gallons

5. Breakdown of Work Performed (must total 100%):

Kitchen Appliances / Electric / Heating / Air Conditioning (<i>complete #6</i>)	%	Siding / Awnings / Pull-Outs	%
Flooring	%	Trailer Hitch Installation (<i>complete #7</i>)	%
Plumbing	%	Vehicle Mechanics (brakes, engine, etc.)	%
Roofs	%	Welding	%
Other (describe):	%	Total	100%

6. If any Kitchen Appliances / Electrical / Heating / Air Conditioning exposure exists, provide details of technician qualifications including experience, training and any certifications:

7. For trailer hitch installation:
a] What type? Ball Hitch Mounted Receivers 5th Wheel
b] Are hitches always bolted to the frame? Yes No
c] Is all welding done by a certified welder? Yes No

8. Do you participate in RV Trade Shows? Yes No
 If "Yes", do you drive your owned RV(s) to the trade shows? Yes No
 If "Yes", what is the furthest distance traveled? _____ miles
 How many RVs do you take to the trade shows? _____ RVs

9. What are your annual sales to customers for each of these categories?

Accessories	\$	Parts	\$
Camping Gear	\$	Groceries & Supplies	\$

10. Is there any personal use of owned RVs? Yes No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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