



## EMERGENCY VEHICLE & EQUIPMENT QUESTIONNAIRE

**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**

***This Questionnaire is supplemental to and part of the Colony Specialty Garage Application (G1000) or the Colony Specialty Garage Renewal Application (G1001).***

Business Trade Name: \_\_\_\_\_

1. Describe total operations by percentage including type of vehicles you sell or service

- Ambulance \_\_\_\_\_%
- Fire \_\_\_\_\_%
- Police \_\_\_\_\_%
- Other \_\_\_\_\_% List: \_\_\_\_\_

2. What percentage of applicant's work is performed at?

- Your Shop \_\_\_\_\_%
- Customer's Location \_\_\_\_\_%

3. What percentage of applicant's operation is:

**A. General service \_\_\_\_\_ %**

- Brakes \_\_\_\_\_%
- Electrical \_\_\_\_\_%
- Engine Repair \_\_\_\_\_%
- Hydraulics - General \_\_\_\_\_%
- Maintenance/Preventive \_\_\_\_\_%
- Oil & Lube \_\_\_\_\_%
- Radiator \_\_\_\_\_%
- Suspension/Frame Repairs \_\_\_\_\_%
- Tire Repair or Replacement \_\_\_\_\_%
- Transmission \_\_\_\_\_%
- Tune Up \_\_\_\_\_%
- Wash & Detail \_\_\_\_\_%
- Other \_\_\_\_\_% List: \_\_\_\_\_

**B. Emergency Vehicle Specific \_\_\_\_\_ %**

- Aerial Ladder Service \_\_\_\_\_%
- Custom Vehicle Conversions \_\_\_\_\_% Do you cut the frame between the axles?  Yes  No
- Fabrication \_\_\_\_\_% Answer Question 8
- Ground Ladder Service \_\_\_\_\_%
- Hydraulics – Lifting apparatus \_\_\_\_\_%
- Ladders & Hoses \_\_\_\_\_%
- Lights, Sirens, Radios \_\_\_\_\_%
- Pump Service \_\_\_\_\_%
- Pump Testing \_\_\_\_\_%
- Tank Clean/Repair - Internal \_\_\_\_\_%
- Tank Repair - External \_\_\_\_\_%
- Other \_\_\_\_\_% List: \_\_\_\_\_

Total: \_\_\_\_\_% (Total of A & B must = 100%)

4. If any percentages listed in 3.B. above, provide details of:  
Qualifications:

Experience:

Work Performed:

5. Do you install, sell or service medical equipment for ambulances or paramedic vehicles?  
If yes, is this covered elsewhere?  Yes  No  
 Yes  No
6. Do you sell or service any durable medical equipment (power chairs, walkers, etc.)?  
If yes, is this covered elsewhere?  Yes  No  
 Yes  No
7. Do you test drive extra-heavy vehicles off-premises on public roadways?  
If yes, is at least one driver appropriately licensed with a CDL?  Yes  No  
 Yes  No

8. What parts, equipment, and accessories do you fabricate?

**GENERAL FRAUD STATEMENT (Not applicable in all states)**

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.

**SIGN AND DATE**

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE