



SALVAGE YARD QUESTIONNAIRE

(Complete for each location)

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. Is the yard fully fenced and gated? Yes No
 If No, what measures are taken to prevent others from entering the yard?
2. Do you allow customers in the yard? Yes No
 If **Yes, a]** Are customers always accompanied by an employee? Yes No
b] Are customers allowed to pull their own parts? Yes No
3. Are uncrushed vehicles stacked more than 2 high? Yes No
 If **Yes, a]** How high? _____
b] Is a rack used? Yes No
4. Do you stack crushed vehicles more than 5 high? Yes No
 If **Yes**, how high? _____
5. Is there a car crusher on premises? Yes No
 If **Yes** and lot is unfenced, is crusher in a completely fenced or enclosed area? Yes No
6. Do you sell used parts and accessories without installing them? Yes No
 If **Yes**, what are your annual sales receipts? \$ _____
7. Do you sell cars and trucks? Yes No
 If **Yes, a]** Are they sold exclusively on an "As Is" basis? Yes No
b] How many cars and trucks have you sold in the last 12 Months?
c] Are you a licensed dealer? Yes No
8. Are you involved in any recycling operations not related to the salvage of "auto" parts? Yes No
 If **Yes, a]** What materials do you recycle? _____
b] Are you open to the public for these recycling operations? Yes No
c] If open to the public, are customers kept away from recycling or crushing machines? Yes No

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

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