



WHOLESALE DEALER 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 INSURANCE COMPANY ▪ COLONY SPECIALTY 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. Do you sell autos to the public? Yes No
If yes, explain:

2. Do you display or store covered autos at locations other than your primary location? Yes No
If yes, where are they displayed or stored?

3. List the major auctions you attend in the order of the most frequented by City & State:

4. Do you always take possession and title of vehicles? Yes No

5. Do you pick up & deliver covered autos over 300 miles? Yes No
If yes, advise city/state destination(s) and how many miles:

6. Pick up and delivery, enter a percentage for each category, must total 100%:

Drivers	Annual percentage
Owners/Employees	
Contract Drivers (see a. below)	
Drivers other than owners/employees or contract drivers (see b. below)	
Customer arranges transport through 3 rd party	
You arrange transport through 3 rd party	
Total	100%

- a. Contract driver hiring practices:

i. What is the minimum age requirement? _____

ii. Do you verify each contract driver has a valid driver license?

Yes No

- b. Explain 'drivers other than owners/employee or contract drivers':

7. Do you or any of your drivers have out of state driver's licenses? Yes No

If yes, please explain:

8. Describe how your dealer plates are used:

9. Do you have registration plates (not dealer plates) that are not issued for a specific auto? Yes No

If yes:

a. List registration plate numbers: _____

b. Describe how they are being used: _____

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