

## TOOL FLOATER QUESTIONNAIRE

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. Are there any mobile operations?  Yes  No

2. For mobile operations, are tools left in a vehicle overnight?  Yes  No

If "Yes", where is the vehicle itself kept? \_\_\_\_\_

3. For scheduled tools & equipment, are they kept in a building with a central station alarm?  Yes  No

For no central station alarm, describe theft prevention measures:

### 4. Limits Section

<b>a. Select Cause of Loss form:</b>	<input type="checkbox"/> Basic	<input type="checkbox"/> Broad	<input type="checkbox"/> Special
<b>b. Deductible:</b>	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000

#### Unscheduled Tools & Equipment (not to exceed \$1000 per item) for mobile operations:

Stated Amount for all <b>OWNER'S</b> <b>Unscheduled</b> Tools & Equipment	\$
Stated Amount for all <b>EMPLOYEES</b> <b>Unscheduled</b> Tools & Equipment	\$

#### OWNERS Scheduled Tools & Equipment – List each item valued over \$1000 (may be used to schedule equipment left on premises)

Item #	Year, Make, Model	Serial #	Stated Amount of Insurance
			\$
			\$
			\$
			\$

#### EMPLOYEES Scheduled Tools & Equipment – List each item valued over \$1000 (may be used to schedule equipment left on premises)

Item #	Year, Make, Model	Serial #	Stated Amount of Insurance
			\$
			\$
			\$
			\$

### THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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