

# TRANSPORTATION RENEWAL APPLICATION

Colony Insurance Company  
 Colony Specialty Insurance Company

Argonaut Insurance Company  
 Argonaut Midwest Insurance Company

## Section I - General Information

1. Insured Name/DBA \_\_\_\_\_ Effective Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Is garaging address same as mailing address? :  Yes  No

If NO, list garaging address: \_\_\_\_\_

2. Description of operation:

Any changes to operation  Yes  No If yes, explain: \_\_\_\_\_

3. Filings needed:  Yes  No If yes, FMCSA DOT # \_\_\_\_\_

## Section II – Liability Coverages

Hired Auto:  Yes  No

Non owned Auto:  Yes  No

Coverage:	Liability	Uninsured Motorist	Medical Payments	PIP	Other:
Limit:					

## Section III – PHYSICAL DAMAGES COVERAGES

Desired?  Yes  No

If yes, indicate deductible on appropriate coverage line:

## Section IV – LIST PRIOR COLONY POLICY NUMBERS

Desired?	Deductible
Specified causes	
Comprehensive	
Collision	
Other:	

Policy number	Policy period/term

## Section V - Schedule of Units

Year/Make	Type	Radius	GVW/Seating Capacity	VIN	Stated Amount

## Section VI - Drivers

Drivers Full Name	Date of Birth	Yrs Experience Comm'l Driving on like equipment	Drivers License Number/State	# of Moving Violations

**Section VII - Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Witness Date

**Agent:**

\_\_\_\_\_  
Agent's or Broker's Name Telephone Number Agents Signature  
(Please print)

\_\_\_\_\_  
Address Date

\_\_\_\_\_  
License No.

**GENERAL FRAUD STATEMENT (Not applicable in Colorado, Ohio and Oregon)**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subject the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**Applicable in Oregon**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of Insurance Fraud.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)