

TRUCK & HEAVY TRUCK SUPPLEMENTAL APPLICATION

THIS SUPPLEMENTAL APPLICATION MUST ACCOMPANY THE REPAIR AND SERVICE OPERATIONS APPLICATION.

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Insured is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

GENERAL INFORMATION

INDICATE WHAT PERCENTAGE OF THE FOLLOWING OPERATIONS YOU PERFORM

DESCRIPTION OF VEHICLES	INDICATE PERCENTAGE
1. Private Passenger	___ %
2. Trucks – Light = Up to 10,000 lbs.	___ %
Medium = 10,001 – 20,000 lbs.	___ %
Heavy = 20,001 – 45,000 lbs.	___ %
3. Truck-Tractors = Up to 45,000 lbs.	___ %
4. Trailers – Semi-Trailer.....	___ %
Trailer	___ %
Service / Utility Trailer	___ %
5. *Equipment.....	___ %
6. *Other _____	___ %
TOTAL	100 %

*Specify by item number _____

UNDERWRITING INFORMATION

1. Experience of Mechanic(s) _____
 Supervisor(s) _____
 Manager(s) _____

2. Do you use subcontractors for any work Yes No
 (If yes, specify type of repairs / services including percentage of each below)
 If yes, do you obtain Certificates of Insurance Yes No

TYPE OF REPAIRS OR SERVICES	INDICATE PERCENTAGE FOR EACH	
	YOUR OPERATIONS	SUB-CONTRACTED OPS
3. Alignment – steering or front-end suspension	___ %	___ %
4. Brakes - drums, rotors, hydraulic	___ %	___ %
5. Engine repair – minor; e.g. oil, lube, tune up, etc.....	___ %	___ %
6. Engine repair – extensive ; e.g., overhaul, out of frame, etc.....	___ %	___ %
7. * Fabricating / Manufacturing (specify below).....	___ %	___ %
8. Kits used to convert truck chassis; e.g. hydraulic dumps, lift mechanisms, cranes, loaders, concrete mixers, etc.....	___ %	___ %
9. Hitch installation	___ %	___ %
10. Hydraulic work (all other).....	___ %	___ %
11. * Refrigeration work (specify below).....	___ %	___ %
12. Tanker work.....	___ %	___ %
13. Tires (new)	___ %	___ %
14. Tires (used).....	___ %	___ %
15. Tires (retread or split rim).....	___ %	___ %
16. Trailer repair	___ %	___ %
17. * Other (specify)	___ %	___ %
TOTAL		100 %

*Specify by item number _____

WORK LOCATIONS	INDICATE PERCENTAGE
18. Shop Only	___ %
19. * Away from premises (customer location)	___ %
Any traffic diversion required	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL	100 %

*Specify by item number _____

NOTICE – The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor any coverage under CERCLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION.

Any person who knowingly and with intent to defraud any insurance company or other person who 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.

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

This application shall not be binding unless and until confirmation by the company or its duly appointed representative has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby makes these covenants and agrees that the foregoing statements and answers are a complete and true statement of all facts and circumstances involving the risk to be insured. The same are hereby considered a representation on the part of the insured, and made as the basis and conditions for which coverage will be granted.

_____	_____	_____	_____
Producer's Signature	Date	Applicant's Signature	Date