



SPECIALTY VEHICLE SUPPLEMENT

Applicant Name: _____ Operations: Dealer Non-Dealer

TYPES OF VEHICLES

Table with 4 columns: Vehicle Type, Percentage, Description, and another Percentage. Rows include Bucket & Boom Trucks, Construction Equipment, Cranes, Dump Trucks, Emergency Vehicles, Farm Equipment, Forklifts, Lawn/Tree Service, Logging Trucks, Refrigerated Vans, Snow Plows, Tanker Trailers, Trailers, Truck - Heavy & Extra Heavy, and Other.

1) What percentage of your work is:

- Body and / or Paint _____%
Blade Sharpening _____%
Brakes _____%
Custom Motorcycle Manufacturing _____%
Custom Motorcycle Building (assembly, no fabrication) _____%
Engine Overhaul _____%
FMCSA Inspections _____% (Answer #6 next page)
Fabrication and/or parts manufacturing _____% Describe: _____
Fifth Wheel installation, service or repair _____% Qualifications: _____
Hydraulics - General _____%
Hydraulics - Lifting Apparatus _____%
Oil & Lube _____%
Power Train _____%
Radiator _____%
Refrigeration Unit _____%
Roll Bars / Cages _____%
Storage or parking space rental _____% Receipts: _____
Structural Alterations _____% Describe: _____
Suspension / Frame _____%
Tank Trailer Repair _____% Describe: _____
Tank Cleaning - Internal _____%
Tire Repair or Replacement _____%
Tune Up _____%
Trike Conversion _____%
Wash & Detail _____%
Welding _____% Describe: _____
Other _____% Describe: _____

2) Do your operations include:

Yes No Taking autos to Trade Shows, Fairs or Special Events? If yes, how many per year? _____

Yes No Off-Premises test drives of motorcycles or any off-road vehicles?

If yes: Do you have a specific route? Yes No

Do you accompany using an owned vehicle? Yes No

Where do you go? _____

How far do you go? _____

Yes No Furnished/Personal use of Motorcycle or other off road vehicle?

Yes No Any operations at a marina, or while watercraft is in the water?

Yes No Uninstalled parts, accessories or other similar sales? If yes, complete Annual Receipts below:

Accessory sales \$ _____ Uninstalled Parts Sales (New) \$ _____

Uninstalled Parts Sales (Used) \$ _____ Other (describe) _____ / \$ _____

3) Where do you conduct operations?

Your Premises _____%

Customer's Location _____%

Roadside _____%

Other: _____%

4) Are your mechanics ASE Certified? Yes No

If no, how many years of related experience do you require? _____

5) Do you test drive any vehicles over 26,000 off-premises? Yes No

If yes, do your drivers possess CDL licenses? Yes No

6) If you do FMCSA annual vehicle safety inspections, answer the following:

a. Does Inspector understand the FMCSA inspection criteria? Yes No

b. Has Inspector mastered the methods, procedures, tools and equipment Used when performing an inspection? Yes No

c. Has Inspector successfully completed a State or Federal training program which qualifies him/her to perform commercial vehicle safety inspections? Yes No

d. Does Inspector have at least 1 year of training and/or experience consisting of:

- Participation in a manufacturer sponsored training program; or
- Experience as a mechanic or inspector:
 - In a motor carrier maintenance program; or
 - In a commercial garage; or
 - For a State or Federal Government? Yes No

Additional Information: _____

This questionnaire does not bind the Application nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Signature of Agent

Date

Signature of Applicant