

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

EMERGENCY VEHICLE & EQUIPMENT QUESTIONNAIRE

This Questionnaire is supplemental to a Garage Application or a Garage Renewal Application.

Bu	siness Trade Name:
1.	Describe total operations by percentage including type of vehicles you sell or service Ambulance % Fire % Police % Other % List:
2.	What percentage of applicant's work is performed at? Your Shop Customer's Location What percentage of applicant's work is performed at? """ """ """ """ """ """ """
3.	What percentage of applicant's operation is: A. General service
	B. Emergency Vehicle Specific

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4. If any percentages listed in 3.B. above, provide details of:			
Qualifications:			
Experience:			
Experience.			
Work Performed:			
5. Do you install, sall or convice medical equipment for ambulances or paramedic ve	hiclos?		
5. Do you install, sell or service medical equipment for ambulances or paramedic ve If yes, is this covered elsewhere?	hicles? ☐ Yes ☐ No ☐ Yes ☐ No		
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6. Do you sell or service any durable medical equipment (power chairs, walkers, etc.			
If yes, is this covered elsewhere?	☐ Yes ☐ No		
7. Do you test drive extra-heavy vehicles off-premises on public roadways?	☐ Yes ☐ No		
If yes, is at least one driver appropriately licensed with a CDL?	Yes No		
8. What parts, equipment, and accessories do you fabricate?			
That parts, equipment, and decesseries as you rashed so.			
FRAUD WARNING			
Any person who knowingly and with intent to defraud any insurance company or insurance or statement of claim containing any materially false information, or containing any materially false information, or containing any materially false information.			
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.			
DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND T	HE APPLICABLE FRAUD WARNING(S).		
I have reviewed the contents of this application and with my signature, declare that 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			
Insurance Company.			
SIGN AND DATE			
APPLICANT'S PRINTED NAME			
APPLICANT'S SIGNATURE	DATE		
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AGENT OR BROKER'S NAME	LICENSE NO.		
AGENT OR BROKER'S SIGNATURE	DATE		

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