



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

## MOBILITY EQUIPMENT SALES AND INSTALLATION QUESTIONNAIRE

This Questionnaire is supplemental to a Garage Renewal Application.

Business Trade Name: \_\_\_\_\_

1. Do you sell scooters, wheelchairs or durable medical equipment or any parts relating to this type of equipment?  Yes  No  
If "Yes", is coverage for this exposure in place elsewhere?  Yes  No
2. Do you install wheel chair ramps into private residences or businesses?  Yes  No  
If "Yes", what are the annual sales? \$ \_\_\_\_\_
3. Do you rent or lease mobility vehicles or equipment?  Yes  No  
If "Yes", is coverage for this exposure in place elsewhere?  Yes  No
4. Do you sell "automobile" parts that you do not install?  Yes  No  
If "Yes", what are the annual sales? \$ \_\_\_\_\_

5. What other services do you offer in addition to the above? Describe in detail.

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

APPLICANT'S SIGNATURE	DATE
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