



**SPECIALTY VEHICLE SUPPLEMENT**

Applicant Name: \_\_\_\_\_ Operations:  Dealer  Non-Dealer

**TYPES OF VEHICLES**

Bucket & Boom Trucks / Cherry Pickers	%	ATV's (3 wheeler, 4 wheeler)	%
Construction / Contractors Equipment	%	Autos (private passenger and light trucks)	%
Cranes	%	Boat / Watercraft	%
Dump Trucks	%	Buses <input type="checkbox"/> Public Transport <input type="checkbox"/> School	%
Emergency Vehicles	%	Passenger Capacity: _____	
Farm Equipment & Implements	%	Dirt Bikes / Motocross Cycles	%
Forklifts	%	Golf Carts <input type="checkbox"/> Licensed for Road Use <input type="checkbox"/> Off-Road	
Lawn / Tree Service Equipment	%	Jet Ski	%
Logging Trucks / Equipment	%	Military Vehicles	%
Refrigerated Vans / Trailers	%	Mopeds / Scooters (must be street legal)	%
Snow Plows	%	Motorcycles	%
Tanker Trailers / Tankers	%	Municipal Vehicles	%
Trailers – Semi / Livestock	%	Off Road - 4 x 4	%
Trailers – Utility / Service (2,000 lb capacity)	%	Recreational Vehicles / Motor Homes	%
Truck - Heavy & Extra Heavy	%	Snowmobile	%
Other:	%	Travel Trailers / Campers (pull-behind)	%

**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:  
o In a motor carrier maintenance program; or  
o In a commercial garage; or  
o 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

