

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

TRUCK & HEAVY TRUCK SUPPLEMENTAL APPLICATION

USE WITH THE REPAIR AND SERVICE OPERATIONS APPLICATION, S328 OR OTHER SIMILAR 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 _____

Applicant 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 _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: 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 written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person 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.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date