

APPLICANT: \_\_\_\_\_ WEBSITE ADDRESS: \_\_\_\_\_

FEIN: \_\_\_\_\_

- Indicate the percent of sales derived from:  
Truck Bodies/Equipment manufactured and installed by you \_\_\_\_\_ %  
Trailers manufactured by you \_\_\_\_\_ %  
Truck bodies/equipment manufactured by you but installed by others \_\_\_\_\_ %  
Truck bodies/Equipment manufactured by others and installed by you \_\_\_\_\_ %  
Sales of Parts and Accessories (no installation by you) \_\_\_\_\_ %  
Service of Bodies/Equipment Manufactured by you \_\_\_\_\_ %  
Other Service & Repair Work \_\_\_\_\_ %  
Other Sources of Revenue\* \_\_\_\_\_ %  
TOTAL(Should equal 100%) \_\_\_\_\_ %

Total Annual Sales from above \$ \_\_\_\_\_

\*Describe "Other" in detail:

2. Do you act as a manufacturer's rep?  Yes  No If yes, what are the annual commissions? \$ \_\_\_\_\_

3. Exported Sales (list countries \_\_\_\_\_) \$ \_\_\_\_\_  
Imported Sales (list countries \_\_\_\_\_) \$ \_\_\_\_\_

4. If you are a **TRAILER MANUFACTURER**, provide the % of sales derived from **direct to consumer or factory direct sales**: Must be less than 10%. \_\_\_\_\_ %

**ATTACH BROCHURES and describe end uses of products separately for each of the above operations.**

- Do you perform any of the following in your manufacturing, distributing or service work:  
Chassis Modification  Yes  No \_\_\_\_\_ %  
Brake Work?  Yes  No \_\_\_\_\_ %  
Steering Alterations or Repairs?  Yes  No \_\_\_\_\_ %  
Engine Rebuilding?  Yes  No \_\_\_\_\_ %

If "Yes" to any of the above please describe and indicate percentage above:

6. Do you manufacture, install or service cranes or aerial devices?  Yes\*  No

\* If "Yes," you must also complete the *Aerial Device Questionnaire*.

7. Is your business recognized by the ASE Blue Seal of Excellence?  Yes  No

8. What is the total number of truck equipment technicians employed by your business? \_\_\_\_\_

9. How many truck equipment technicians employed by your business are certified "ASE Master Truck Equipment Technicians" (please provide a list including name and social security number) \_\_\_\_\_

10. How many technicians are certified as "ASE Truck Equipment Technicians"? \_\_\_\_\_

11. Describe use of subcontractors to perform installation, or manufacturing on your behalf:

Do you obtain certificates of insurance from those subcontractors?  Yes  No  
For component parts manufactured by others, do you obtain hold harmless?  Yes  No  
For component parts manufactured by others, do you obtain additional insured?  Yes  No

12. Describe any hold harmless agreements entered into favoring another party:

13. Do you have hold harmless agreements in place from component manufacturers?  Yes  No

14. Do you use outside firms to pick-up and/or deliver vehicles?  Yes  No

15. If Yes to #14, do you obtain Certificates of Insurance verifying coverage and limits?  Yes  No

16. Please describe any discontinued products and/or operations. If none, so state.

17. Do you have dealer, transporter, or other plates?  Yes  No

How many total plates? \_\_\_\_\_

How many permanently attached? \_\_\_\_\_

How many times per week are the plates used (total of all plates) \_\_\_\_\_

Maximum radius \_\_\_\_\_


How many vehicles held for resale do you keep at the premises at one time \_\_\_\_\_

Number Sold Annually \_\_\_\_\_ New \_\_\_\_\_ Used \_\_\_\_\_

Where do you purchase used Vehicles \_\_\_\_\_

18. Describe Fleet Safety Program (driver selection, maintenance, Training, CDL etc.):

19. Fleet Schedule: Do you have autos other than those held for sale  Yes  No

 If yes, please attach a schedule of these vehicles

20. Do you use leased employees  Yes  No

If yes, attach contract and certificate verifying coverage provided for GL & WC.

21. Does any named insureds operate any other business not included in this application  Yes  No

Is coverage provided for elsewhere?  Yes  No

Describe These Operations: \_\_\_\_\_

22. % of end products designed by insured \_\_\_\_\_%

23. If products are designed by the insured have the designs been reviewed and approved by a licensed engineer? Please provide details.

24. Are quality control records produced?  Yes  No

Are quality control records maintained for the life of the product?  Yes  No

Is the insured ISO 9000 certified?  Yes  No

25. Are you involved in equipment and/or truck rental (less than six months)?  Yes  No  
 Total sales from this exposure \_\_\_\_\_  
 What percentage of rental is with operator \_\_\_\_\_ %  
 Do you obtain certificates of insurance, hold harmless agreements and add'l insured? \_\_\_\_\_  
 Describe trucks or equipment rented: \_\_\_\_\_  
 Describe pre-screening of renters, if any: \_\_\_\_\_  
**ATTACH A COPY OF THE LEASE AGREEMENT CURRENTLY IN USE**

26. Indicate professional association memberships, if any: \_\_\_\_\_

27. If insured is a member of the NTEA have they received the MVP certification? \_\_\_\_\_

## Stock - Including Autos Held for Sale Statement of Values

Complete this form to schedule a blanket limit for autos on your premises that are either held for sale or incorporated into your finished product.

Category	Value	
	<u>Indoor</u>	<u>Outdoor</u>
Completed Vehicles/Trailers held For Sale		
Customer's Vehicles/Trailers in your Care		
Stock (Bodies/Equip not mounted Formerly Contents or Outdoor Property)		
Total Stock Value (total of above items)		



The total stock value must be shown as a separate limit from contents on the accord application and should correspond with the limits shown above.

What is the maximum number of completed vehicles on your lot at any one time: \_\_\_\_\_

Is spray painting done on your premises  Yes  No

Is spray painting in a UL approved booth?  Yes  No

Are excess paints stored in a UL approved storage cabinet  Yes  No

Do you perform salvage operations (if yes - separately classify on accord)  Yes  No

Do you own or actively manage automobiles for racing or competitive purposes  Yes  No

Do you perform tire recapping or retreading (if yes - separately classify on accord)  Yes  No

For property in the open, describe your lot & security (i.e. fences, dogs- list breed, alarms, guards):

**SIGNATURE IS REQUIRED:**

\_\_\_\_\_  
Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**FLORIDA ONLY:**

Producer Name: \_\_\_\_\_ License #: \_\_\_\_\_

**NOTICE TO FLORIDA APPLICANTS:** "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."

**MAINE ONLY:**

**NOTICE TO MAINE APPLICANTS:** "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."