**National Casualty Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**HEAVY TRUCK, BUS AND EQUIPMENT SUPPLEMENTAL APPLICATION**   
**(To be completed in addition to CGZ-APP-6 Application for Garage Policy)**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

Name of Applicant:

**1. Types of Vehicles (Must = 100%)**

Private Passenger Types and Light Trucks:      %

Heavy Trucks (over GVW 20,001):      %

Contractors/Construction Equipment:      %

List the types:

Dump Trucks:      %

Bucket Truck/Cherry Picker (or other trucks with a lifting apparatus):      %

Buses:      %

List the passenger capacity:

School Buses:      %

Other, list the types:

Trailer:      %

List the types of trailers:

Farm Equipment:      %

Any non-auto implements?  Yes  No

Other—Description:            %

**2. Types of Repairs (Must = 100%)**

Alignment, Steering or Suspension:      %

Body Work:      %

Brakes:      %

Engine:      %

Minor  Major  Rebuilding

Fifth Wheel Installation/Repair:      %

Framework:      %

Welding:      %

Cutting:      %

Stretching:      %

Straightening:      %

Hydraulic Work:      %

What does the hydraulic component operate?

Lifts:      %

Describe lifts:

Lube and Oil:      %

Manufacturing/Fabrication:      %

What is produced?

Painting:      %

Paint booth:  Yes  No

If yes, does entire vehicle fit inside?  Yes  No

Refrigeration (Refrigeration of the cargo hold):      %

Split Rim or locking wheel assemblies:  Yes  No

Do you have only the appropriately trained workers and appropriate equipment for service split rim and locking wheel assemblies?  Yes  No

Tanker:      %

What products do the tankers hold?

Tires:

Sales:

New:      %

Used:      %

Repair:      %

Are tires over five years old?  Yes  No

Any recapping/retreading?  Yes  No

Do you service or sell vulcanized/siped/regrooved tires?  Yes  No

|  |
| --- |
| Describe your quality assurance precautions to ensure tires are properly installed and inflated: |

Trailer Hitch Installation/Repair:      %

Bolt on  Weld on

Trailer Repair (box and cargo only, see above for tanker trailers):      %

Transmission (including clutch and differential work):      %

Tune-Up:      %

Wash/Detail:      %

Interior Only  Exterior Only  Interior and Exterior

Welding:      %

What exactly is welded?

Other—Description required:            %

Are you authorized to perform USDOT/FMCSA safety inspections:  Yes  No

If yes, how many safety inspections do you perform a:  Week  Month  Year:

**1.** Has Inspector successfully completed a State or Federal training program which qualifies him/her to perform commercial vehicle safety inspections?  Yes  No

**2.** Does Inspector have at least one year of training and/or experience consisting of:  Yes  No

**a.** Participation in a manufacturer sponsored training program;

**b.** Experience as mechanic or inspector; or

**i.** In a motor carrier maintenance program; or

**ii.** In a commercial garage; or

**iii.** For a State or Federal government?

**3. Locations Where You Conduct Operations**

At your premises:      %

At customers’ premises:      %

On the roadside:      %

Do you pick up or deliver customer autos?  Yes  No

Does the owner have a CDL (commercial driver license)?  Yes  No

Do all drivers have a CDL (commercial driver license)?  Yes  No

|  |
| --- |
| **REMARKS:** (use this section to expand on answers that need further explanation) |

**Refer to the application form for state fraud warnings.**

Applicant or authorized representative of the applicant, confirm and warrant that all of the above are true and accurate representations of my garage operation.

APPLICANT’S NAME/TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an authorized representative, owner, partner or executive officer)

PRODUCER’S NAME:       DATE: