**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

**TIRE SALES AND SERVICE SUPPLEMENTAL APPLICATION   
(To be completed in addition to CGZ-APP-6 Application for Garage Policy)**

**1.** What percentage of your garage operations are the sales of tires?      %

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** | **% New** | **% Used** | **Type** | **% New** | **% Used** |
| Private Passenger |  |  | Busses |  |  |
| Motorcycle/ATV |  |  | Other Equipment |  |  |
| Heavy Trucks (over 30,000 GVW) |  |  | Other, describe below |  |  |

(In the chart above, percentages must equal one hundred percent [100%])

Other:

**2.** Do you sell tires that were manufactured more than five years ago?  Yes  No

If yes, provide percent of sales to total tire sales:      %

**3.** Are all employees trained how to identify the manufacturer’s stamp to determine the age of tires?  Yes  No

**4.** Do you service or sell recapped or retread tires?  Yes  No

If yes, provide percent of sales to total tire sales:      %

**5.** Do you service or sell vulcanized tires?  Yes  No

If yes, explain:

If yes, provide percent of sales to total tire sales:      %

**6.** Do you service or sell re-grooved or siped tires?  Yes  No

If yes, provide percent of sales to total tire sales:      %

**7.** Do you repair or fix flat tires for heavy trucks?  Yes  No

**a.** If yes, do you use a safety cage when working with split rim or locking ring wheels?  Yes  No

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

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

APPLICANT’S NAME/TITLE:

APPLICANT’S SIGNATURE: DATE:

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

PRODUCER’S NAME:       DATE: