[ ]  **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: