

SPECIALTY VEHICLE SUPPLEMENT



Applicant Name: _____

Operations: ☐ Dealer ☐ Non-Dealer

AUTOS	HEAVY VEHICLES
Autos (private passenger and light trucks) _____%	Bucket & Boom Trucks / Cherry Pickers _____%
Emergency Vehicles – Police Cars, Ambulances _____%	Max Height: _____
E-Bikes _____%	Buses – Passenger Capacity REQUIRED _____%
Food Trucks _____%	Concrete Trucks _____%
Golf Carts - Licensed for Road Use _____%	Cranes _____%
Military Vehicles _____%	Dump Trucks _____%
Mopeds / Scooters (must be street legal) _____%	Emergency Vehicles – Trucks _____%
Motorcycles _____%	Garbage Trucks _____%
Municipal Vehicles _____%	Medium Trucks _____%
Recreational Vehicles / Motor Homes _____%	Logging Trucks / Equipment _____%
BOATS & WATERCRAFT	Refrigerated Vans / Trailers _____%
Boat / Watercraft _____%	Truck - Heavy & Extra Heavy _____%
Max Length: _____	Tankers / Tanker Trailers _____%
Jet Ski _____%	OFF ROAD VEHICLES
EQUIPMENT	ATVs / UTVs (3 or 4 Wheeler) _____%
Construction / Contractors Equipment _____%	Dirt Bikes / Motorcross Cycles _____%
Farm Equipment & Implements _____%	Dune Buggies _____%
Forklifts _____%	Golf Carts – Not licensed for road use _____%
Lawn / Tree Service Equipment _____%	Off Road 4 x 4 _____%
Mining Equipment _____%	Segways _____%
TRAILERS	Snowmobile _____%
Travel Trailers / Campers (pull-behind) _____%	OTHER
Utility / Service (2,000 lb. capacity) _____%	_____ %
Trailers – Semi / Livestock _____%	

1. BREAKDOWN OF WORK PERFORMED:	
Complete all 3 categories as applicable to total 100%	
Alignment, Steering, or Suspension _____%	Roll Bars / Cages _____%
Blade Sharpening _____%	Snowplow Installation _____%
Body and / or Paint _____%	Storage or parking space rental _____%
Brakes _____%	Receipts: _____
Clothing, Parts, or Accessory Sales _____%	Structural Alterations _____%
Receipts: _____	Describe: _____
Engine Overhaul _____%	Suspension / Frame _____%
Fabrication and/or parts manufacturing _____%	Tank Cleaning – Internal _____%
Describe: _____	Tank Repair – External _____%
Fifth Wheel installation, service or repair _____%	Tire Repair or Replacement _____%
FMCSA Inspections _____%	Trailer Hitch Installation _____%
General Maintenance or Repair _____%	Bolt on _____ or Weld on _____
Hydraulics – General _____%	Tune Up _____%
Hydraulics – Lifting Apparatus _____%	Wash & Detail _____%
Oil & Lube _____%	Welding _____%
Power Train _____%	Describe: _____
Radiator _____%	Other _____%
Refrigeration Unit _____%	Describe: _____

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EMERGENCY VEHICLES – complete above and:		MOTORCYCLES – complete above and:	
Aerial Ladder Service	_____ %	Custom Motorcycle Manufacturing	_____ %
Ground Ladder Service	_____ %	Custom Motorcycle Building	_____ %
Ladder & Hoses	_____ %	(*assembly, no fabrication)	
Lights, Sirens, & Radios	_____ %	Trike Conversion	_____ %
Pump Service	_____ %	Provide Description _____	
Pump Testing	_____ %		

2. OPERATIONS

BOATS & WATERCRAFT

Do you allow in water test drives? ☐ Yes ☐ No

Do you repair the hull of watercrafts? ☐ Yes ☐ No

Do you conduct any operations at a marina, or while any watercraft is in the water? ☐ Yes ☐ No

Do you make any repairs using fiberglass? ☐ Yes ☐ No

If yes, explain where resins are stored on site: _____

EMERGENCY VEHICLE OPERATIONS

Qualifications and Training: _____

Are your mechanics EVT Certified? ☐ Yes ☐ No

Do you Install, sell or service medical equipment for ambulances or paramedic's vehicles? ☐ Yes ☐ No

MOTORCYCLE and OFF-ROAD VEHICLE OPERATIONS:

Do you permit off-premises test drives of motorcycles or any off-road vehicles? ☐ Yes ☐ No

If yes: Is there a designated track or area? ☐ Yes ☐ No

If yes: Provide details: (how long, where located, flat or includes jumps, etc.) _____

Do you have a specific route? ☐ Yes ☐ No

Do you accompany using an owned vehicle? ☐ Yes ☐ No

Where do you go? _____

How far do you go? _____

Are test drives all right turns? ☐ Yes ☐ No

Do you require helmets, proper clothing and footwear for a test drive? ☐ Yes ☐ No

Is anyone furnished with personal use of a Motorcycle or other off-road vehicle? ☐ Yes ☐ No

Are all units securely stored inside a building after business hours? ☐ Yes ☐ No

Do you rent, lease, or loan vehicles? ☐ Yes ☐ No

If yes, is this exposure insured elsewhere? ☐ Yes ☐ No

Do you sell any vehicles that are not manufactured in the U.S.? ☐ Yes ☐ No

If yes, do you obtain them from a U.S. distributor? ☐ Yes ☐ No

Are you involved in any racing, race car sponsorship, or preparation/repair or sales? ☐ Yes ☐ No

Are you involved in participating in or organizing any rides, rallies, or special contests? ☐ Yes ☐ No

If yes, provide details: _____

Describe any driver education safety courses provided to customers: _____

RV, MOTORHOME, & CAMPER OPERATIONS"

Any personal use? ☐ Yes ☐ No

Any propane sales? ☐ Yes ☐ No

If yes, Fill Tanks _____ Tank Exchange _____ Receipts _____

Do the employees have the proper LPG Certification? ☐ Yes ☐ No

Do you repair kitchen appliances, electrical wiring, or heating/cooling systems? ☐ Yes ☐ No

If yes, what percentage of your operation? _____ %

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3. Where do you conduct operations?

Your Premises _____% Customer's Location _____% Roadside _____%

4. Do you take autos to Trade Shows, Fairs or Special Events?

☐ Yes ☐ No

If yes, where do you go / how many per year? _____/_____

5. Are your mechanics ASE Certified?

☐ Yes ☐ No

If no, how many years of related experience do you require? _____

6. Do you test drive any vehicles over 26,000 off-premises?

☐ Yes ☐ No

If yes, do your drivers possess CDL licenses?

☐ Yes ☐ No

7. If you do FMCSA annual vehicle safety inspections, does / has the Inspector:

a. Understand the FMCSA inspection criteria?

☐ Yes ☐ No

b. Mastered the inspection methods, procedures, tools and equipment?

☐ Yes ☐ No

c. Successfully completed a State or Federal inspection training program?

☐ Yes ☐ No

d. Have at least 1 year of training and/or experience consisting of:

- Participation in a manufacturer sponsored training program; or

- Experience as a mechanic or inspector:

- In a motor carrier maintenance program; or
- In a commercial garage; or
- For a State or Federal Government?

☐ Yes ☐ No

Additional Information:

This questionnaire does not bind the Application nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Signature of Agent

Date

Signature of Applicant

Date