

National Casualty Company

Home Office: One Nationwide Plaza
Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258



SierraSpecialty

Scottsdale Indemnity 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 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: _____