

## **SPECIALTY VEHICLE SUPPLEMENT**

Applicant Name:		Operations: 🔲 Dealer 🔛 Non-Deale	∍r		
TYPES OF VEHICLES					
Bucket & Boom Trucks / Cherry Pickers	%	ATV's (3 wheeler, 4 wheeler)	%		
Construction / Contractors Equipment	%	,			
Cranes	%				
Dump Trucks	%	Buses ☐ Public Transport ☐ School			
Emergency Vehicles	%	Passenger Capacity:	%		
Farm Equipment & Implements	%	Dirt Bikes / Motocross Cycles			
Forklifts	%	Golf Carts  Licensed for Road Use  Off-Road			
Lawn / Tree Service Equipment	<del>/</del> %	Jet Ski			
·					
Logging Trucks / Equipment		,			
Refrigerated Vans / Trailers	%	Mopeds / Scooters (must be street legal)	%		
Snow Plows	%	Motorcycles	%		
Tanker Trailers / Tankers	%	Municipal Vehicles	%		
Trailers – Semi / Livestock	%	Off Road - 4 x 4	%		
Trailers – Utility / Service (2,000 lb capacity)	%	Recreational Vehicles / Motor Homes	%		
Truck - Heavy & Extra Heavy	%	Snowmobile	%		
Other:	%	Travel Trailers / Campers (pull-behind)	%		
Body and / or Paint Blade Sharpening Brakes Custom Motorcycle Manufacturing Custom Motorcycle Building (assembly, no fabrication) Engine Overhaul FMCSA Inspections Fabrication and/or parts manufacturing Fifth Wheel installation, service or repair Hydraulics – General Hydraulics – Lifting Apparatus Oil & Lube Power Train Radiator Refrigeration Unit Roll Bars / Cages Storage or parking space rental Structural Alterations Suspension / Frame Tank Trailer Repair Tank Cleaning – Internal Tire Repair or Replacement Tune Up Trike Conversion		_% _% _% _% _% _% _% _% _% _% _% Describe:			
Wash & Detail Welding		_% % Describe:			
Other		_% Describe: % Describe:			

2)	Do your ope								
	Yes ☐ No		tos to Trade Shows, Fairs or			any per year?			
Ш,	Yes 🗌 No	Off-Premises test drives of motorcycles or any off-road vehicles?							
		•	Oo you have a specific route?		☐ Yes	_			
			Do you accompany using an o						
			Where do you go?						
_	_		How far do you go?						
	Yes 🗌 No		I/Personal use of Motorcycle						
	Yes ☐ No	• •	ations at a marina, or while wa						
	Yes 🗌 No		d parts, accessories or other	_	-	-			
			Accessory sales \$						
		L	Jninstalled Parts Sales (Used	d) \$	Other (describ	oe)	_/\$		
3)	Where do yo	ou conduct	operations?						
	Your Premis	es	%						
	Customer's I	Location	%						
	Roadside		%						
	Other:		%						
4)	Are your me	chanics AS	E Certified?						
	If no, how m	nany years	of related experience do you	require?					
5)	Do you test o	drive any ve	ehicles over 26,000 off-premi	ses? 🗌 Yes 🗌	No				
	If yes, do yo	our drivers p	possess CDL licenses?	☐ Yes ☐	No				
6)	If you do FM	CSA annua	al vehicle safety inspections,	answer the followi	ng:				
	a. Do	es Inspecto	or understand the FMCSA ins	spection criteria?		☐ Yes ☐ No	0		
	b. Ha	s Inspector	r mastered the methods, proc	cedures, tools and	equipment				
	Used when performing an inspection?					☐ Yes ☐ No	)		
		· ·	r successfully completed a St						
		•	s him/her to perform commer	-	•	☐ Yes ☐ No	)		
	d. Does Inspector have at least 1 year of training and/or experience consisting of:								
			ticipation in a manufacturer s perience as a mechanic or ins		program; or				
		•	In a motor carrier mainter	•					
			In a commercial garage;						
		C	For a State or Federal Go	overnment?		☐ Yes ☐ No	)		
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This	e augstionnair	e does not h	aind the Application por the Co	omnany to complet	a the insurance	hut it is agreed	I that the information contained		
here	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.								
acc	urate to the be	st of your K	nowieage.						
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