

## 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: \_\_\_\_\_