

**Trailer & Work Truck Manufacturers
Insurance Program**
Supplemental Questionnaire



Amwins Program Underwriters
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APPLICANT: _____ WEBSITE ADDRESS: _____

FEIN: _____

1. Indicate the percent of sales derived from:

Truck Bodies/Equipment manufactured and installed by you	_____ %
Trailers manufactured by you	_____ %
Truck bodies/equipment manufactured by you but installed by others	_____ %
Truck bodies/Equipment manufactured by others and installed by you	_____ %
Sales of Parts and Accessories (no installation by you)	_____ %
Service of Bodies/Equipment Manufactured by you	_____ %
Other Service & Repair Work	_____ %
Other Sources of Revenue*	_____ %
TOTAL(Should equal 100%)	_____ %

Total Annual Sales from above \$ _____

*Describe "Other" in detail:

2. Do you act as a manufacturer's rep? Yes No If yes, what are the annual commissions? \$ _____

3. Exported Sales (list countries _____) \$ _____
Imported Sales (list countries _____) \$ _____

4. If you are a **TRAILER MANUFACTURER**, provide the % of sales derived from **direct to consumer or factory direct sales**: Must be less than **10%**. _____ %

ATTACH BROCHURES and describe end uses of products separately for each of the above operations.

5. Do you perform any of the following in your manufacturing, distributing or service work:

Chassis Modification	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Brake Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Steering Alterations or Repairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Engine Rebuilding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %

If "Yes" to any of the above please describe and indicate percentage above:

6. Do you manufacture, install or service cranes or aerial devices? Yes* No

* If "Yes," you must also complete the *Aerial Device Questionnaire*.

7. Is your business recognized by the ASE Blue Seal of Excellence? Yes No

8. What is the total number of truck equipment technicians employed by your business? _____

9. How many truck equipment technicians employed by your business are certified "ASE Master Truck Equipment Technicians" (please provide a list including name and social security number) _____

10. How many technicians are certified as "ASE Truck Equipment Technicians"? _____

11. Describe use of subcontractors to perform installation, or manufacturing on your behalf:

Do you obtain certificates of insurance from those subcontractors? Yes No
For component parts manufactured by others, do you obtain hold harmless? Yes No
For component parts manufactured by others, do you obtain additional insured? Yes No

12. Describe any hold harmless agreements entered into favoring another party:

13. Do you have hold harmless agreements in place from component manufacturers? Yes No

14. Do you use outside firms to pick-up and/or deliver vehicles? Yes No

15. If Yes to #14, do you obtain Certificates of Insurance verifying coverage and limits? Yes No

16. Please describe any discontinued products and/or operations. If none, so state.

17. Do you have dealer, transporter, or other plates? Yes No

How many total plates? _____

How many permanently attached? _____

How many times per week are the plates used (total of all plates) _____

Maximum radius _____


How many vehicles held for resale do you keep at the premises at one time _____

Number Sold Annually _____ New _____ Used _____

Where do you purchase used Vehicles _____

18. Describe Fleet Safety Program (driver selection, maintenance, Training, CDL etc.):

19. Fleet Schedule: Do you have autos other than those held for sale Yes No

 If yes, please attach a schedule of these vehicles

20. Do you use leased employees Yes No

If yes, attach contract and certificate verifying coverage provided for GL & WC.

21. Does any named insureds operate any other business not included in this application Yes No

Is coverage provided for elsewhere? Yes No

Describe These Operations: _____

22. % of end products designed by insured _____%

23. If products are designed by the insured have the designs been reviewed and approved by a licensed engineer? Please provide details.

24. Are quality control records produced? Yes No

Are quality control records maintained for the life of the product? Yes No

Is the insured ISO 9000 certified? Yes No

25. Are you involved in equipment and/or truck rental (less than six months)? Yes No
 Total sales from this exposure _____
 What percentage of rental is with operator _____ %
 Do you obtain certificates of insurance, hold harmless agreements and add'l insured? _____
 Describe trucks or equipment rented: _____
 Describe pre-screening of renters, if any: _____
ATTACH A COPY OF THE LEASE AGREEMENT CURRENTLY IN USE

26. Indicate professional association memberships, if any: _____

27. If insured is a member of the NTEA have they received the MVP certification? _____

Stock - Including Autos Held for Sale Statement of Values

Complete this form to schedule a blanket limit for autos on your premises that are either held for sale or incorporated into your finished product.

Category	Value	
	<u>Indoor</u>	<u>Outdoor</u>
Completed Vehicles/Trailers held For Sale		
Customer's Vehicles/Trailers in your Care		
Stock (Bodies/Equip not mounted Formerly Contents or Outdoor Property)		
Total Stock Value (total of above items)		



The total stock value must be shown as a separate limit from contents on the accord application and should correspond with the limits shown above.

What is the maximum number of completed vehicles on your lot at any one time: _____

Is spray painting done on your premises Yes No

Is spray painting in a UL approved booth? Yes No

Are excess paints stored in a UL approved storage cabinet Yes No

Do you perform salvage operations (if yes - separately classify on accord) Yes No

Do you own or actively manage automobiles for racing or competitive purposes Yes No

Do you perform tire recapping or retreading (if yes - separately classify on accord) Yes No

For property in the open, describe your lot & security (i.e. fences, dogs- list breed, alarms, guards):

SIGNATURE IS REQUIRED:

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

FLORIDA ONLY:

Producer Name: _____ License #: _____

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

MAINE ONLY:

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."