

# SPECIALIZED TRUCK EQUIPMENT PROGRAM SUPPLEMENTAL APPLICATION

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## GENERAL INFORMATION

Name of Insured: _____	Date Completed: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone Number: _____	Fax Number: _____
Years In Business: _____	
Web site Address: _____	
Parent Company (if different from applicant): _____	
Professional association memberships: <input type="checkbox"/> NTEA <input type="checkbox"/> Other: _____	

Have you been in business less than four (4) years? Yes  No   
 If yes, please describe previous management/ownership experience in truck related industry and provide copy of your resume. \_\_\_\_\_

Have you ever purchased an operation from another entity? Yes  No   
 Did you purchase assets only? Yes  No   
 Please describe operations purchased including who they were purchased from: \_\_\_\_\_

Has there ever been an interruption in insurance? Yes  No   
 If yes, please describe: \_\_\_\_\_

Has coverage ever been on a claims-made basis? Yes  No   
 If yes, please provide expiration date of last claims-made policy: \_\_\_\_\_  
 If tail coverage is in effect, please describe: \_\_\_\_\_

Where did you hear about this program?  Press Releases  Advertisements in publications  
 Other (specify): \_\_\_\_\_

This program is specifically designed for Manufacturers, Distributors, Installers and Repairers of **Truck Body Equipment** and **Trailers** including but not limited to the following:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>® Dump Trucks</li> <li>® Tool Boxes</li> <li>® Water/ Milk Tank Truck</li> <li>® Utility Trucks</li> <li>® Fire Trucks</li> <li>® Ambulances</li> <li>® Refrigeration Units</li> <li>® Snow Plows/Sand Spreaders</li> </ul> | <ul style="list-style-type: none"> <li>® Dry Freight</li> <li>® Lift Gates</li> <li>® Sewer Cleaner</li> <li>® Tow Trucks</li> <li>® Grain Trucks</li> <li>® Flat Beds</li> <li>® Beverage Trucks</li> <li>® Refuse Trucks</li> </ul> |
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### DESCRIPTION OF OPERATIONS

**To be eligible for this program, the majority of sales must be derived from truck equipment**

1. Describe your products and services. Include and identify those acquired via acquisition or merger; those planned for introduction in next 12 months. Please list sales of equipment sold without modification as a separate product using the description – Distributed.

Product or Service	Years Involved	Principal End Users	Manufactured, Installed, Distributed or Repaired	Annual Sales

2. Do you have any discontinued products? Yes  No   
 If yes, please describe product, why it was discontinued and the date: \_\_\_\_\_  
 Have any of your products ever been recalled? Yes  No   
 If yes, please describe product, why it was recalled and the date. Explain corrective action taken:

Please describe your products recall program: \_\_\_\_\_

3. Do you manufacture, install, distribute or repair aerial devices? Yes  No   
 Do you manufacture, install, distribute or repair cranes or hoists? Yes  No   
 If yes, please provide annual sales from this exposure:

Current Year	1 <sup>st</sup> Prior	2 <sup>nd</sup> Prior	3 <sup>rd</sup> Prior

% of principal end users of your aerial equipment or cranes: \_\_\_\_\_

Municipalities \_\_\_\_\_ %      Utility Companies \_\_\_\_\_ %      Contractors \_\_\_\_\_ %

Other, please explain:

Type of Equipment (crane, hoist, bucket truck)	Maximum Lift Capacity	Maximum Height
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

\*Provide a brochure and complete description of device (i.e. Bucket truck, hoist, type of crane, etc.):

4. Do you perform any of the following in your manufacturing, distributing, servicing or repairing of truck equipment? If 'YES' to any of the below, please describe and indicate percentage.

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

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5. Indicate any of the following processes that apply to your business:

Welding Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stamping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plastic Product Fabrication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fiberglass Product Fabrication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Machining Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plating/Anodizing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pre-Fabricated Kits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other Manufacturing/Processing Operation (describe): _____		

6. Are you involved in equipment and/or truck rental including lease/purchase? Yes  No

What are the total sales from this exposure? \_\_\_\_\_ %

What percentage of rental is with operator? \_\_\_\_\_ %

Do you obtain Certificates of Insurance? Yes  No

Do you obtain Hold Harmless Agreements? Yes  No

Do you obtain Additional Insured? Yes  No

Describe trucks or equipment rented: \_\_\_\_\_

Describe prescreening of renters, if any: \_\_\_\_\_

Please provide a copy of your standard rental agreement. \_\_\_\_\_

7. Who do you purchase your chassis from? \_\_\_\_\_

8. Describe use of subcontractors that perform work for you: \_\_\_\_\_

Describe component parts manufactured by others for you: \_\_\_\_\_

Do you obtain Certificates of Insurance from these contractors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For component parts manufactured by others, do you obtain Hold Harmless?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For component parts manufactured by others, do you obtain Additional insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For component parts manufactured by others, do you obtain Certificates of Insurance showing limits equal to or greater than your own?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Describe any Hold Harmless agreements entered into favoring another: \_\_\_\_\_

10. Is your business recognized by a third party accreditation, such as the ASE Blue Seal of Excellence? Yes  No

11. What is the extent of the Internet usage? Check all that apply:

Access                      Company personnel access to the Internet.

Presence                     Company has published a Web site.

E-Commerce                Company uses the internet as a channel for commerce sales & service.

If yes, what % of income is derived from Internet activity? \_\_\_\_\_

Income may be derived from Internet related sales of products or services, advertising revenues (incl. banner ads), subscription fees, licensing or franchise fees or transaction fees.

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## GENERAL LIABILITY

1. Do you use leased employees? Yes  No   
If yes, please attach contract and certificate verifying coverage provided for GL & WC
2. Are there multiple named insureds? Yes  No   
If yes, please provide details about each entity's operation as well as the relationship to the first named insured:  
\_\_\_\_\_
3. Does any named insured operate any other business not included in this operation? Yes  No   
If yes, is coverage provided for elsewhere? Yes  No   
Describe these operations: \_\_\_\_\_
4. Are there dogs on the premises? Yes  No   
If yes, a complete narrative is required, please attach.
5. Product Design  
% of end products designed by insured: \_\_\_\_\_ %      Description of product(s): \_\_\_\_\_  
Number of Engineers on staff: \_\_\_\_\_      Outside Engineering firm used: \_\_\_\_\_
6. Quality Control  
Is there a formal written Quality Control program in place? Yes  No   
Is the Product inspected prior to sale? Yes  No   
Are copies of invoices retained for service work performed? Yes  No   
Are Quality Control records maintained for the life of the product? Yes  No   
Does the Quality Control record include videotapes or photographs of the finished product prior to shipment? Yes  No   
Are finished products clearly labeled for load capacity? Yes  No   
Are there warning labels on all completed products? Yes  No   
Please describe technical training provided to distributors of your products: \_\_\_\_\_
7. If you act as a distributor, do your manufacturers hold you harmless? Yes  No   
Are you products clearly identifiable? Yes  No   
Are operating instructions provided for any of your products either by you or the manufacturer? Yes  No   
If yes, please attach a copy of the operating instructions.
8. Please describe your customer complaint management program: \_\_\_\_\_
9. Is the insured ISO 9000 certified? Yes  No

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## AUTOMOBILE

1. Do you have dealer, transporter, or other plates? Yes  No   
How many plates? # \_\_\_\_\_  
How many permanently attached? # \_\_\_\_\_  
Please describe how many of the plates are used and for what purpose: \_\_\_\_\_  
Maximum radius: \_\_\_\_\_  
How many owned vehicles? # \_\_\_\_\_
2. How is the Product delivered to the customer?  
 Delivered by you \_\_\_\_\_%       Customer pick up \_\_\_\_\_%       Common Carrier \_\_\_\_\_%  
If delivered by common carrier, who is responsible for the delivery? \_\_\_\_\_
3. How many vehicles, held for resale, do you keep at the premises at one time? # \_\_\_\_\_
4. How many vehicles sold annually? # New \_\_\_\_\_ # Used \_\_\_\_\_
5. Where do you purchase used vehicles? \_\_\_\_\_
6. What modifications or alterations are performed to used vehicles prior to resale? \_\_\_\_\_
7. Are customers allowed to test drive vehicles? Yes  No
8. Driver Controls
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Is there a formal written fleet safety program in use? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Motor Vehicle Reports obtained? Pre-hire or Annual     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Files maintained for each driver?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Disciplinary action in place for poor drivers?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Employees instructed in accident reporting procedures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Driver training provided?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any personal use of the company vehicles?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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## PROPERTY

**Please provide the completed S.T.E.P. statement of values form for each location**

1. If in a coastal state, indicate # miles to ocean: \_\_\_\_\_  
Note, if less than 15 miles, property coverage is generally not available.
  
2. Does building square footage exceed 20,000 square feet? Yes  No   
If yes, please attach a diagram of the building. \*\*Please be sure to include all fire divisions as well as indicate where paint booths are and where welding operations take place.
  
3. Is building over 25 years old? Yes  No   
If yes, please indicate when building updates were completed including wiring, plumbing, heating, and roofing.  
\_\_\_\_\_
  
4. Describe the training of the welders including years of experience: \_\_\_\_\_
  
5. Describe the safety controls in connection with the welding on premises: \_\_\_\_\_
  
6. Is spray painting done on your premises? Yes  No   
If yes, please describe the paint booth including whether it is UL approved: \_\_\_\_\_  
If there are multiple buildings, indicate which building contains the spray booth: \_\_\_\_\_
  
7. Describe how excess paints are stored: \_\_\_\_\_
  
8. Describe type of storage for flammable and hazardous chemicals (i.e. cabinets, containers):  
\_\_\_\_\_
  
9. For property in the open, describe your lot and the security (i.e. fences, alarms, guards):  
\_\_\_\_\_
  
10. Does the building contain any overhead cranes? Yes  No   
If yes, how many are in use? # \_\_\_\_\_

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## WORKERS' COMPENSATION

**Please provide copies of current and prior experience modification worksheets**

1. Do you have a formal written safety program? Yes  No   
If yes, please attach a copy.
  
2. Regular safety meetings conducted? Yes  No   
How often?     Weekly             Monthly             Quarterly  
 Other: \_\_\_\_\_
  
3. Is personal protective equipment required? Yes  No   
Describe equipment used: \_\_\_\_\_
  
4. Do you have an Accident Investigation Program? Yes  No
  
5. Is Drug Testing performed? Yes  No   
How often?     Pre-Hire             Random             Post Accident  
 Other: \_\_\_\_\_
  
6. Do you have a Return-to-Work Program? Yes  No
  
7. Do you have an Incentive Program for employees? Yes  No
  
8. Maximum weight employee is expected to lift? \_\_\_\_\_
  
9. Training provided in proper lifting procedures? Yes  No
  
10. Any work performed at heights over 6 feet? Yes  No   
If yes, describe safeguards in place (scaffolding, harnesses, etc): \_\_\_\_\_  
What is the Maximum height employee is expected to work? \_\_\_\_\_

**APPLICANT'S STATEMENT:** I have read the above application and declare that the to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

**FRAUD STATEMENT – NEW YORK INSURANCE LAW.** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material there to commits a fraudulent act, which is a crime.

**Please attach completed submission checklist**

Applicant Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Please send all submissions to one of the following locations:

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### THE HARTFORD'S SPECIALIZED TRUCK EQUIPMENT PROGRAM PROPERTY STATEMENT OF VALUES

Location #	Value
<b>Building:</b>	
<b>BPP:</b>	
Contents excluding Stock	
Accounts Receivable/Valuable Papers	
Computer Equipment	
Miscellaneous Equipment	
Signs	
<b>Stock:</b>	
Completed Vehicles held for sale – Stored Inside	
Completed Vehicles held for sale – Stored Outside	
Customer's Vehicles in your Care – Stored Inside	
Customer's Vehicles in your Care – Stored Outside	
Stock – Stored Inside	
Stock - Stored Outside	

What is the maximum number of completed vehicles on this premise at any one time? \_\_\_\_

What is the average value of a completed vehicle on the insured's premises? \_\_\_\_

What is the estimated maximum value of a single unit on the insured's premises? \_\_\_\_

Location #	Value
<b>Building:</b>	
<b>BPP:</b>	
Contents excluding Stock	
Accounts Receivable/Valuable Papers	
Computer Equipment	
Miscellaneous Equipment	
Signs	
<b>Stock:</b>	
Completed Vehicles held for sale – Stored Inside	
Completed Vehicles held for sale – Stored Outside	
Customer's Vehicles in your Care – Stored Inside	
Customer's Vehicles in your Care – Stored Outside	
Stock – Stored Inside	
Stock - Stored Outside	

What is the maximum number of completed vehicles on this premise at any one time? \_\_\_\_

What is the average value of a completed vehicle on the insured's premises? \_\_\_\_

What is the estimated maximum value of a single unit on the insured's premises? \_\_\_\_

**Note:**

- The total stock value for each location must be shown as a separate limit from contents on the ACORD application and should correspond with the limits shown above.
- If the value of any of the vehicles sold by the insured or in the insureds care custody and control is greater than \$100,000, an additional transit limit should be purchased.