

EquipGuard®

Supplemental Application

Willis of New Hampshire
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 Portsmouth, NH 03801
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APPLICANT _____ WEBSITE ADDRESS _____

- Indicate the percent of sales derived from:

Truck/Trailer Bodies/Equipment Manufactured and installed by you	_____ %
Truck/Trailer Bodies/Equipment Manufactured by you but installed by others	_____ %
Truck/Trailer 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: _____

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

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

- 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: _____

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

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

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

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

6. 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) _____

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

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

- | | |
|---|--|
| Do you obtain certificates of insurance from those subcontractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For component parts manufactured by others, do you obtain hold harmless? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For component parts manufactured by others, do you obtain additional insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

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

12. If Yes to #11, do you obtain Certificates of Insurance verifying coverage and limits? Yes No

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

14. 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 _____

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

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

 If yes, please attach a schedule of these vehicles

17. Do you use leased employees Yes No

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

18. 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: _____

19. % of end products designed by insured _____ %

20. 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

21. 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

22. Indicate professional association memberships, if any: _____

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): _____

IMPORTANT NOTICE

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE THE BASIS OF THE CONTRACT.

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

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.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

NOTICE TO LOUISIANA APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

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.”

NOTICE TO MINNESOTA APPLICANTS: “A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

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

Applicant's Printed Name: _____

Title: _____

Date: _____

Producer Name: _____

License #: _____