



TIRE SALES AND SERVICE SUPPLEMENTAL APPLICATION
(To be completed in addition to CG-APP-6 Application for Garage Policy)

1. What percentage of your garage operations are the sales of tires? %

Type	% New	% Used	Type	% New	% Used
Private Passenger			Busses		
Motorcycle/ATV			Other Equipment		
Heavy Trucks (over 30,000 GVW)			Other, describe below		

(In the chart above, percentages must equal one hundred percent [100%])

Other: _____

2. Do you sell tires that were manufactured more than five years ago? Yes No
If yes, provide percent of sales to total tire sales: %

3. Are all employees trained how to identify the manufacturer's stamp to determine the age of tires? Yes No

4. Do you service or sell recapped or retread tires? Yes No
If yes, provide percent of sales to total tire sales: %

5. Do you service or sell vulcanized tires? Yes No
If yes, explain: _____
If yes, provide percent of sales to total tire sales: %

6. Do you service or sell re-grooved or siped tires? Yes No
If yes, provide percent of sales to total tire sales: %

7. Do you repair or fix flat tires for heavy trucks? Yes No
a. If yes, do you use a safety cage when working with split rim or locking ring wheels? Yes No
b. Describe your quality assurance precautions to ensure tires are properly installed and inflated: _____

Refer to the application form for state fraud warnings.

APPLICANT'S NAME/TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an authorized representative, owner, partner or executive officer)

PRODUCER'S NAME: _____ DATE: _____

Agent Email: _____ Preferred Method of Correspondence Email Fax Mail

Applicant Email: _____ Preferred Method of Correspondence Email Fax Mail

