

The Hartford's Step Program[®]

Specialized truck equipment program and auto body repair shop program supplemental application.



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: NTEA 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 a 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"> • Dump Trucks • Tool Boxes • Water/Milk Tank Trucks • Utility Trucks 	<ul style="list-style-type: none"> • Fire Trucks • Ambulances • Refrigeration Units • Snow Plows 	<ul style="list-style-type: none"> • Sand Spreaders • Dry Freight • Lift Gates • Sewer Cleaners
		<ul style="list-style-type: none"> • Tow Trucks • Flat Beds • Beverage Trucks • Refuse Trucks

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 utilize any imported products, component parts or materials from factories in China in your product or services? Yes No

If you answered Yes, please complete last page in its entirety.

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3. 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:

4. 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	1st Prior	2nd Prior	3rd 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 devise (i.e., bucket truck, hoist, type of crane, etc.):

5. Do you perform any of the following in your manufacturing, distributing, servicing or repairing of truck equipment? Yes No

If 'YES' to any of the below, please describe and indicate percentage.

	Yes	No	% of Sales	Describe
Chassis Modification			%	
Brake Work			%	
Steering Alterations or Repairs			%	
Engine Rebuilding			%	

6. Do you perform any of the following in your auto or truck body repair operations? Yes No

If 'YES' to any of the below, please describe and indicate percentage.

	Yes	No	% of Sales	Describe
Airbag Replacement			%	
Frame work			%	
Tires- sales, retread, alignment			%	
Towing			%	
Glass or windshield replacement			%	
Car Rentals offered			%	
Car Sales			%	
Work on high value or antique vehicles			%	

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

- Welding Operations Yes No
- Stamping Yes No
- Plastic Product Fabrication Yes No
- Fiberglass Product Fabrication Yes No
- Machining Operations Yes No
- Plating/Anodizing Yes No
- Pre-Fabricated Kits Yes No

Any other Manufacturing/Processing Operation (describe):

The Hartford's Step Program[®]

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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. Total Number of Employees:

How many technicians on staff Of these, how many are ASE certified

Other certifications/training

5. Are there dogs on the premises? (If yes, a complete narrative is required, please attach.) Yes No

6. Product Design:

% of end products designed by insured: % Description of product(s):

Number of Engineers on staff: Outside Engineering firm used:

7. 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:

8. Are Aftermarket or salvage parts used in repair operations? Yes No

If yes, what types of parts and where are they purchased from?

9. If you act as a distributor, do your manufacturers hold you harmless? Yes No

Are your products clearly identifiable? Yes No

Are operating instructions provided for any of your products either by you or the manufacturer? (if yes, please attach a copy of the operating instructions) Yes No

10. Please describe your customer complaint management program:

11. Is the insured ISO 9000 certified? Yes No

Automobile

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

How many plates? Maximum radius:

How many permanently attached? How many owned vehicles?

Please describe how many of the plates are used and for what purpose:

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?

The Hartford's Step Program[®]

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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	No	Employees instructed in accident reporting procedures?	Yes	No
Motor Vehicle Reports obtained? Pre-hire or Annual	Yes	No	Driver training provided?	Yes	No
Files maintained for each driver?	Yes	No	Any personal use of the company vehicles?	Yes	No
Disciplinary action in place for poor drivers?	Yes	No			

Property

Please provide the complete S.T.E.P. STATEMENT OF VALUES for each location (form on next page).

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?

Workers' Compensation

Please provide copies of current and prior experience modification worksheets.

1. Do you have a formal written safety program? (If yes, please attach a copy.) Yes No

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?

The Hartford's Step Program[®]

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The Hartford's Specialized Truck Equipment Program

Property Statement of Values

Location #	Value
Building:	
BPP:	
Contents excluding Stock	
Accounts Receivable/Valuable Papers	
Computer Equipment	
Miscellaneous Equipment	
Signs	
Stock:	
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
Building:	
BPP:	
Contents excluding Stock	
Accounts Receivable/Valuable Papers	
Computer Equipment	
Miscellaneous Equipment	
Signs	
Stock:	
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 insured's care custody and control is greater than \$250,000, an additional transit limit should be purchased.

Fraud and Applicant's Statement | Fraud Warning Statements

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and 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.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

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.

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.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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.

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.

Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

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.

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, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or the stated value of the claim for each such violation.

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.

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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.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Pennsylvania Applicants: Any person who knowingly and with intent to injure or defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading 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, including imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee 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.

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.

Washington 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.

Arbitration Statement

Applicable to Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

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Signing this form does not bind the applicant firm or the company to complete the insurance. Application must be signed and dated by an owner, partner or officer of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that 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).

Authorized Signature _____ Title: _____

Print Name: _____ Date: _____

Producer's Signature: _____ Title: _____

Print Name: _____ Date: _____

License Identification Number or National Producer Number:
(Florida Producers must Provide License Identification Number)

*The Hartford as used above includes of one or more of the property and casualty company subsidiaries of The Hartford Financial Services Group, Inc. The subsidiary companies are Hartford Accident and Indemnity Company, Hartford Casualty Insurance Company, Hartford Fire Insurance Company, Twin City Fire Insurance Company, Hartford Underwriters Insurance Company, Hartford Insurance Company of Illinois, Sentinel Insurance Company Limited, Hartford Insurance Company of the Midwest, Trumbull Insurance Company, Hartford Insurance Company of the Southeast, Property and Casualty Insurance Company of Hartford, Hartford Lloyd's Insurance Company, and Pacific Insurance Company. Please note that not all of the listed insurance companies may be licensed in all states and the District of Columbia.

Please send all submissions to one of the following locations:

Please attach a completed submission checklist

Postal Mail

The Hartford/Specialty Programs
One Hartford Plaza, T-18-1
Hartford, CT 06155

E-mail

specialtyprograms@thehartford.com

Fax

1-877-905-6236

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Foreign Products Supplemental Application for Importers and U.S. Manufacturers

Please complete the following questions if you utilize imported products, component parts or materials from factories in China in your product or services:

1. Indicate with an ("X") any of the following processes that are part of your business:			
Importing	Wholesaling or Distribution of imported products		
Manufacturing using non-domestic factories	Retailing, including internet sales, of imported products		
Drop shipping of imported products	Manufacturing with imported parts, components or materials		
2. How many non-domestic production facilities do you utilize?			
3. How many non-domestic suppliers do you have?			
4. Is there a certification standard to which your products are manufactured? Indicate with an "X" all that apply.			
CCC	China Compulsory Certificate		
CE	European Conformity		
CSA	Canadian Standards Association		
FCC	Federal Communications Commission		
ISO	International Organization for Standardization		
UL	Underwriters Laboratory		
ULC	UL of Canada		
JIS	Japanese Industrial Standards Committee		
USDA	U.S. Department of Agriculture		
CCC	China Compulsory Certificate		
5. Which of your products are not certified, and why?			
6. For what percentage of your business is there a written contract in place between you and foreign manufacturers or suppliers, running in your favor, in regard to product recall and/or reimbursement for product related losses?			
90% or More	50% to 89%	Less than 50%	
7. What percentage of your foreign manufacturers and/or suppliers:			
	Manufacturers %	Suppliers %	If Yes,
A) Carry domestic U.S. Product Liability Coverage?	%	%	Limits:
B) Have Vendors Liability Insurance Coverage?	%	%	Limits:
C) Operate a U.S. domiciled location?	%	%	Limits:
D) Possess assets in the U.S.?	%	%	Limits: