



TIRE DEALER SUPPLEMENTAL APPLICATION

1.	Do you perform any Tire Recapping, Retreading or Regrooving?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Do you sell or install used tires? If yes, what is the percentage? _____%	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Do you install all tires sold? If no, what are receipts for tire sales? \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Do you sell or install specialty tires? (Ex. racing, oversized or tractor). If yes, please describe below: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	How are tires displayed? _____ Please describe how are tires displayed below: _____	
6.	What procedures are in place for handling product tire recalls? Please describe procedures in place for handling product tire recalls: _____	
7.	What are your tire disposal procedures? Please describe tire disposal procedures: _____	

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICE SECTION.

FRAUD NOTICE:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICE AS IT MAY APPLY TO THE APPLICANT'S DOMICILE.

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.

Applicant's signature: _____

Date: _____