

Supplemental Application for the Expanded Classes Garage Program

Name of Insured: _____

Policy # / New: _____

Total/Gross Sales Receipts of the Entire Operation: _____

For the information below, please indicate the percentage of the entire operation involved in the following:
(Please note that the percentages should add up to equal 100%).

Contractor/Farm Equipment Repair ("any motor vehicle that is not registered for road use"): _____

New Auto Parts Sales, without installation (Includes internet sales up to 50% of operation): _____

Accessory Sales for RVs/Motorcycles ("helmets, gloves, riding apparel, etc."): _____

Used Auto Parts Sales, without installation (Includes internet sales up to 50% of operation): _____

New Tires Sales (includes installation/repair): _____

Used Tires Sales (includes installation/repair): _____

Suspension Lift Kit Installation: _____

Suspension Lift Kit Sales (no installation): _____

LPG Sales: _____

Gasoline Sales: _____

Motorhome Appliance Repair: _____

Refrigerated Truck or Trailer Repair: _____

Contractor/Farm Equipment Sales ("any motor vehicle that is not registered for road use"): _____

Convenience Store Sales: _____

Motorcycle/Scooters (registered for road use) Sales: _____

RV/Snowmobile/ATV/Waverunner Sales ("vehicles that are not registered for road use"): _____

Auto Sales: _____

Service/Repair/Towing Operations: _____

For any operations not mentioned above, please explain in detail below:



Applicant's Signature _____

Date _____