



**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

