

WESTERN NATIONAL INSURANCE GROUP

Western National Mutual Insurance Company

Western National Assurance Company

Pioneer Specialty Insurance Company

Umialik Insurance Company

Truck Body, Truck Equipment and Trailer Manufacturing

Company Name: _____ Effective Date: _____

Professional and Trade Association Memberships / Affiliations: _____

Type of Product

Manufactured/Sold and Work Performed

| | <i>Description of Product(s)/Service(s)</i> | <i>Sales/Revenues</i> |
|--|---|-----------------------|
| Truck Body Manufacturing: Type(s) | _____ | \$ _____ |
| Truck Equipment Manufacturing: Type(s) | _____ | \$ _____ |
| Trailer Manufacturing: Type(s) | _____ | \$ _____ |
| Repair and Service Work | _____ | \$ _____ |
| Sales of Parts and Accessories | _____ | \$ _____ |
| Equipment and/or Truck Rental | _____ | \$ _____ |
| Other Sources of Revenue | _____ | \$ _____ |
| Total Sales and Revenue | _____ | \$ _____ |

Foreign Sourced Parts and

Product Sales – List Countries

Description of Parts or Products

% of Total Sales

_____ %

Do you manufacture, install, or service cranes or aerial devices? Yes No

Do you provide operating instructions with the products you manufacture or sell? Yes No

Do you provide technical training regarding operation of the products you manufacture or sell? Yes No

Describe any discontinued products or operations _____

Do you use vendors or subcontractors to supply any component parts or to install any equipment that becomes part of your finished product? Yes No

If you answered "Yes", please also answer a through c below:

a. Do you obtain certificates of insurance? Yes No

b. Do you obtain signed hold harmless agreements? Yes No

c. Do you obtain additional insured status specific to the products liability exposure? Yes No

Do you have dealer plates? Yes No

If "Yes", indicate: how many plates you have _____ Maximum radius of operation _____

Indicate the annual percentage of products you manufacture to customer specifications _____%

Indicate the annual percentage of products designed by your staff _____%

Do customers approve of and sign off on final product design? Yes No n/a

Is spray painting performed in a UL-approved booth? Yes No n/a

Is your lot fenced? Yes No

Is your lot lit at night? Yes No

Indicate the type(s) of security used on your premises:

Alarm systems? Yes No Cameras? Yes No

Warning signage? Yes No Other: _____

What is the maximum number of completed units on your lot at any one time?

Property Values – Trucks, Equipment and Trailers; Indicate maximum values at any time during the year.

Completed trucks, equipment, and trailers held for sale \$ _____

Stock (chassis, bodies, and equipment in process)* \$ _____

Customers' trucks, equipment, and trailers in your care \$ _____

Other \$ _____

Total values \$ _____

Number of New units sold annually _____

**Total stock value should also be listed on your property application as an individual line item, separate from the business personal property limit*

IMPORTANT NOTICE

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE THE BASIS OF THE CONTACT.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in MN, OR, or WA)

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

OREGON: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

WASHINGTON: 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.

Date: _____

Date: _____

Signature of Applicant
(Must be signed by Named Insured)

Signature of Agent