

Expanded Classes Garage Program Supplemental

COLUMBIA INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Previous Policy (for renewals): _____

Named Insured/Applicant: _____

Address of Premises: _____

If garage operations are conducted at more than one premises, please complete this Supplemental for each location.

Total Gross Receipts for All Operations: \$ _____

Indicate the percent of receipts generated from each of the following. *Percentages must sum to 100%.*

Contractor/Farm Equipment Repair					%
Truck or Trailer Refrigeration Equipment Repair					%
Tire Sales, Installation, or Repair, including wheels/rims <i>If any, please complete M-5977 Tire Sales, Installation, or Repair Supplemental.</i>					%
Interior Motorhome Repair, including appliances					%
Suspension Lift Kit Installation/Sales					%
Auto Parts Fabrication/Customization					%
Vehicle or Trailer Body Fabrication/Customization					%
Alternative Fuel Conversions Is the applicant converting vehicles to run on hydrogen injection/fuel cells? Yes No					%
Towing Wrecked/Disabled Vehicles					%
Transportation of New/Used Vehicles to/from Dealerships					%
Self-Serve Car Wash					%
Car Wash/Detailing, including automatic					%
Vehicle Service/Repair, not included above <i>If any, please complete M-5558 Automobile Service Operations Application.</i>					%
New Auto Parts Sales, not installed					%
Used Auto Parts Sales, not installed					%
RV/Motorcycle Accessory Sales (helmets, gloves, riding apparel, etc.)					%
Convenience Store Sales					%
LPG Sales (bulk or bottled)					%
Gasoline/Fuel Sales If any, how many gallons sold annually? _____					%
Auto Sales (vehicles licensed for road use)					%
Trailer Sales					%
Recreational Vehicle or Watercraft Sales (vehicles not licensed for road use)					%
Contractor/Farm Equipment Sales					%
Other Receipts/Sales					%
				Sum Total	%

If other receipts/sales, please describe: _____

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.



Applicant's Signature _____

Date _____