

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

Policy Term From: _____ To: _____

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:

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGE. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.



Applicant's Signature _____

Date _____