

## **Agent Information**

Agency Name:	
Agency Code:	
Producer/CSR:	
Phone:	
Email:	
New	Renewal
Policy Number:	

## Tire Sales, Installation, and/or Repair Supplemental

NATIONAL FIRE & MARINE INSURANCE COMPANY NATIONAL INDEMNITY COMPANY OF THE SOUTH

Name of Applicant ZIP Co	ode (of premises)			
Website Previo	us Policy (for rer	iewals)		
I. Does the applicant sell, install, and/or repair any tires manufactory. ☐ Yes ☐ No				
If yes, does the applicant sell, install, and/or repair any tire the date of service? ☐ Yes ☐ No	es manutactured	more than 10	years prior to	
2. What are the applicant's gross receipts for <i>all</i> operations? \$				
3. What are the applicant's gross receipts from tire sales, installa \$	ition, and/or repa	ir, including w	heels/rims?	
Complete the following table according to the percent of receip associated with each tire type. Percentages must sum to 100		s, installation,	and/or repair	
	% of	% of Total Tire Receipts		
Tire Type	New Tires	Used Tires	Recapped, Retreaded or Regrooved Tires	
Private Passenger Vehicle Tires	%	%	%	
Heavy Truck Tractor or Trailer, or Extra-Heavy Truck Tires	%	%	%	
Motorcycle Tires	%	%	%	
Recreational Vehicle Tires	%	%	%	
Farm & Contractor Equipment Tires	%	%	%	
Bus* Tires (*any motor vehicle designed to transport 16 or more passengers)	%	%	%	
Other Tires	%	%	%	
Sum Total		%		
If other tire types, describe:			ses other than use	
If yes, what are the applicant's gross receipts from scrapp and/or repurposing? \$	ed tire/rubber wa	aste reclamatio	on, recycling	
If yes, please describe the scrapped tire/rubber waste recoperations in more detail:	•	•		
This Supplement is a part of the Application and will be relied upon	by the Company	as an integral p	part of the Application	
Applicant's Signature Date				
applicant o digitation Date				