MUSIC℠

HANDICAP VEHICLE CONVERSION SUPPLEMENT

To be completed in conjunction with the MUSIC Garage Application

Applicant Name: _____ ☐ Dealer ☐ Non-Dealer

OPERATIONS

Sell, rent, service or repair any medical equipment and/or disposable medical supplies		_____% (Describe)	
Sell or install wheelchair restraints	_____%	Raise Ceilings/Install Doors	_____%
Sell or install wheelchair lifts	_____%	Lower Floors	_____%
Install or repair hand controls	_____%	Parts Fabrication/Manufacturing	_____% (Describe)
Sell used vehicles	_____%	Modify Interiors	_____% (Describe)
Rent vehicles	_____%	Other	_____% (Describe)

Descriptions: _____

_____

1) Are all components and parts manufactured in the U.S. or purchased from a U.S. Distributor? ☐ Yes ☐ No

   If no, explain: _____

2) Are your mechanics ASE Certified?   ☐ Yes ☐ No

   If no, how many years' experience do you require? _____

3) Do you make sure any flammable items such as oxygen tanks were removed

   before working on the vehicle?   ☐ Yes ☐ No

4) Do you use only new components and parts? ☐ Yes ☐ No

5) Can you identify your products/installation from others?   ☐ Yes ☐ No

6) Do your records show who supplied lifts and/or other devices?   ☐ Yes ☐ No

7) Do your records show when and for whom each product was installed?   ☐ Yes ☐ No

8) Do you require certificates of insurance for products liability from your vendors and suppliers?   ☐ Yes ☐ No

9) Are you named as an additional insured on your vendors and suppliers certificates of insurance? ☐ Yes ☐ No

10) Do you have a customer orientation and training process with a checklist?   ☐ Yes ☐ No

11) Do you keep records to document customer training?   ☐ Yes ☐ No

12) How long are records kept? _____ years

13) List memberships in any industry standard organizations:

_____

This questionnaire does not bind the Application nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

_____ _____/_____

Signature of Agent   **Date**   **Signature of Applicant**