

## Frame Straightening Supplemental Application

(to be completed when frame straightening exposure exists)

Name of Applicant \_\_\_\_\_ Policy # \_\_\_\_\_

1. Please list equipment: \_\_\_\_\_  
Year Brand Model

2. Bench Type \_\_\_\_\_ Floor Model \_\_\_\_\_

3. Do you have an optical or laser measuring device? ☐ Yes ☐ No

If yes, please list \_\_\_\_\_  
Year Brand Model

4. Do you buy salvage for reconstruction? ☐ Yes ☐ No

5. Do you repair vehicles with damage totaling more than 60% of the ACV of the vehicle? ☐ Yes ☐ No