

Auto Repair and Service Application

INSTRUCTIONS:
1. ALL QUESTIONS MUST BE ANSWERED IN FULL. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Phone _____
Fax _____
E-Mail _____

Applicant Name _____
Business Name (DBA) _____
Mailing Address _____

Individual Partnership Joint Venture Corporation Other _____

Garage Location _____
Garage Location #2 _____
Inspection Contact _____ Phone _____
Requested Effective Date _____ Expiration Date: _____ 12:01 AM
Years in Business _____ Years of Experience in this field _____

NATURE OF BUSINESS

Auto Repair Shop Body Shop Other _____

Full Description of Operations: _____

PRIOR CARRIER / LOSS INFORMATION					
Prior Carrier (Last Three Years) – If no prior complete New Business Supplement and check here <input type="checkbox"/>					
Year	Insurance Company	Premium	Date of Loss	Total Paid & Reserved	Status: Open or Closed

During the past three years, has any insurance company ever canceled, declined or refused to issue any similar insurance? Yes No

Explain all YES answers above _____

OWNERS, PARTNERS, EMPLOYEE AND NON-EMPLOYEE INFORMATION

**YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR
ALL OWNERS, PARTNERS, DRIVERS, EMPLOYEES AND HOUSEHOLD MEMBERS**

Full Name and Driver's License # & State	Date of Birth	Violations & Accidents Last Three Years	Hours Worked	Auto Use	Exclude
NOT NEEDED	IN ORDER	TO QUOTE			

FOR ADDITIONAL DRIVERS, PLEASE USE A SEPARATE SHEET

STATUS OPTIONS

1. Active Owner, Partner or Officer
2. Inactive Owner, Partner or Officer
3. Mechanic
4. Painter or Helper
5. Clerical
6. Spouse of Owner, Partner or Officer

HOURS WORKED OPTIONS

F = Full Time (Over 20 hours per week)
 P = Part Time (20 or less hours per week)
 N = Non-Employee

UNDERWRITING INFORMATION FOR SERVICE AND REPAIR

DO YOU:	YES	NO	DO YOU:	YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	12. Any animals kept on premises?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	13. Own or operate tank trucks?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have underground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sponsor and driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	15. Sell or distribute butane, propane or other liquefied gas?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sell any used parts?	<input type="checkbox"/>	<input type="checkbox"/>	16. Rent, lease or loan vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
6. Engage in auto dismantling or salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	17. Engage in split rim work?	<input type="checkbox"/>	<input type="checkbox"/>
7. Conduct structural alterations or frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	18. Tow truck service for hire	<input type="checkbox"/>	<input type="checkbox"/>
8. Modify vehicles for performance style or handling characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	19. Storage / Impound lot?	<input type="checkbox"/>	<input type="checkbox"/>
9. Install or repair trailer hitches?	<input type="checkbox"/>	<input type="checkbox"/>	20. All ignition keys removed from vehicles when unattended or not in use?	<input type="checkbox"/>	<input type="checkbox"/>
10. Repossess vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	21. Work on Motorcycles, ATV's etc.?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have any security guards?	<input type="checkbox"/>	<input type="checkbox"/>	22. Work on Boats, Jet-skis or any watercraft?	<input type="checkbox"/>	<input type="checkbox"/>

23. Work on Farm or Heavy Equipment?	<input type="checkbox"/>	<input type="checkbox"/>	26. Work on vehicles where the frame or body is modified, such as van conversions etc.?	<input type="checkbox"/>	<input type="checkbox"/>
24. Work on Heavy Trucks?	<input type="checkbox"/>	<input type="checkbox"/>	27. Work on mobile-homes, motor-homes or other recreational vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
25. Work on classic autos, antique autos?	<input type="checkbox"/>	<input type="checkbox"/>	28. Any Valet Service?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ALL YES ANSWERS:

PLEASE INDICATE THE PERCENTAGE OF THE FOLLOWING OPERATIONS (Indicate 0% if none)

Auto Alarm, Navigational or Stereo Systems	%	Body Painting or Repair	%
Auto Maintenance or Repair	%	Auto Dismantling or Salvage Yards	%
Car Wash / Detailing	%	Brake Work	%
Kit Cars or Other Auto Manufacturing	%	Frame or Unibody Straightening	%
Tire Dealer (NEW)	%	Oil / Lube Service	%
Tire Dealer (USED)	%	Window Tinting	%
Upholstery	%	RV or ATV Maintenance or Repair	%

What are the total annual gross receipts from the operation? \$ _____

PREMISES INFORMATION

1. Is the premise equipped with actively engaged Central Station Burglar Alarm System?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are there any large cracks or potholes in the pavement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are there any fire hazards such as gas pumps, open fuel containers, paints etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are there operable fire extinguishers mounted and easily accessible?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is the building 100% sprinklered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Type of electrical wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum	Up to code? <input type="checkbox"/> YES <input type="checkbox"/> NO
7. Describe the condition of the premise(s) <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Improving	
8. Type of Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Metal/Steel <input type="checkbox"/> Other Non-combustible	
9. Year Built: _____ Year Updated: _____ Wiring: _____ Plumbing: _____ Roofing: _____ HVAC: _____	
10. Total Area: _____ Sq. Ft.	11. Number of Stories: _____
12. Protection Class: _____	13. Fire District: _____
14. Approved Spray Booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	

GARAGE LIABILITY REQUESTED LIMITS AND OPTIONS

GARAGE LIABILITY COVERED AUTO SYMBOL: Symbol 29 Non-Owned "Autos" Used In Your Garage Business	PD DEDUCTIBLE <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500	LIMITS OF LIABILITY <input type="checkbox"/> 300,000 CSL <input type="checkbox"/> 1X Aggregate <input type="checkbox"/> 2X Aggregate <input type="checkbox"/> 500,000 CSL <input type="checkbox"/> 1X Aggregate <input type="checkbox"/> 2X Aggregate <input checked="" type="checkbox"/> 1,000,000 CSL <input checked="" type="checkbox"/> 1X Aggregate <input type="checkbox"/> 2X Aggregate	
<input checked="" type="checkbox"/> MEDICAL PAYMENTS		LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input checked="" type="checkbox"/> \$5,000	
<input type="checkbox"/> OWNER OF PREMISES - ADDITIONAL INSURED		LIMITS THE SAME AS SELECTED FOR LIABILITY COVERAGE <input type="checkbox"/> Landlord <input type="checkbox"/> Other _____ Name: _____ Address: _____ City, State, Zip: _____	
<input checked="" type="checkbox"/> BROADENED COVERAGE - GARAGE		INCLUDES: Personal Injury, Advertising Injury, Host Liquor Liability, Incidental Medical Malpractice, Non-Owned Watercraft, Additional Persons Insured, Automatic Liability And \$50,000 Fire Legal Liability Coverage (Refer To Policy For Policy Conditions, Definitions, and Limits)	
<input type="checkbox"/> FIRE LEGAL LIABILITY			
COVERAGE	PERILS	LOCATION AND LIMIT	DEDUCTIBLE
GARAGEKEEPERS Symbol 30 <input type="checkbox"/> LEGAL LIABILITY <input checked="" type="checkbox"/> DIRECT PRIMARY	<input checked="" type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input checked="" type="checkbox"/> COLLISION	1. \$ _____ 2. \$ _____ [PUT MAX VALUE OF ALL VEHICLES IN THE SHOP AT ONE GIVEN TIME ABOVE]	<input type="checkbox"/> \$250 per car, \$1,000 per loss <input type="checkbox"/> \$500 per car, \$2,500 per loss <input type="checkbox"/> \$1,000 per car, \$5,000 per loss

PROPERTY COVERAGE

COVERAGE	Co-Ins	LIMITS	CAUSES OF LOSS	DEDUCTIBLE
Building Coverage			<input type="checkbox"/> Special Including Theft	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500
Business Personal Property			<input type="checkbox"/> Special Including Theft	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500
Business Income		ACTUAL LOSS SUSTAINED IS AUTOMATICALLY INCLUDED		
Outdoor Signs				
Other:				