



Auto Service and Repair Insurance Application

Section I – General Information

Policy Period Desired From _____ to _____

1. Named Insured _____
 Type of Entity: Corp Partnership Individual LLC Other _____
2. For inspection purposes:
 Name to Contact _____
 Interest in business is: _____
 Phone Number _____
3. Mailing Address _____
4. Location #1 _____
 Location #2 _____
 Location #3 _____
 Any Mobile Operations? Give Details _____
5. Years in business. _____
 If new venture, please advise years in industry and in what capacity. _____
6. What types of vehicles do you service? Please place a percentage next to the type that apply. (Must total 100%)

Private Passenger, SUV, Lt Trucks %	Vehicles with 10 – 25,000 GVW %	Extra Heavy Trucks / Tractors %
Motorhomes %	Other Recreational Autos %	Motor Coaches / Buses %
Motorcycles %	Dirt Bikes / ATVs %	Watercraft (Boats, Jetski's) %
Farm / Contractor Equipment %	Antique / Classic Cars %	High Performance Vehicle %

7. What are your total annual gross receipts from your operations? \$ _____
8. Average value of customer cars on premises. \$ _____
9. Average number of cars kept inside building. _____
10. Average number of cars kept outside. _____
11. Number of service bays. _____
12. Number of parking spaces. _____
13. Surveillance camera? _____ Security system? _____

Section II – Complete for service and repair operations

14. Describe in detail the types of repairs and services performed:

 15. What steps are in place to ensure that proper repairs are made and the vehicle is safe to return to the road?
 Post Service Checklist
 Service Manager Review
 Test Drive
 Customer Pre-approval of Repairs
- | | | |
|---|--|--|
| | Yes | No |
| 16. Is smoking prohibited in service area?
• Are signs posted? | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 17. Sprinklers and smoke detectors in service bay? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you have fire extinguishers, currently tagged? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are solvents and flammables stored in approved receptacles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is painting done in a UL approved spray painting booth? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|---|--------------------------|--------------------------|
| 21. Are welding operations separated from spray painting operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are oil rags and waste products disposed of properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Are customer's autos securely enclosed or locked when unattended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Are keys stored in a secure location where access is restricted to authorized personnel only? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do persons test driving heavy trucks or buses have a CDL? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Explain in detail any NO responses above: | | |
| _____ | | |
| _____ | | |

- | | Yes | No |
|---|--------------------------|--------------------------|
| 27. Do you ever use any used parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you ever use any rebuilt parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have a salvage or junk yard? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you recap tires? Percentage _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Do you manufacture any products? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Do you install or modify trailer hitches by welding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Is any part of your operation a self-service auto repair shop? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Are customers allowed in service areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you have frame straightening equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, do you use a commercial straightener? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Do you repossess autos? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, do you contract it out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Do you loan vehicles to customers while their vehicles are being serviced? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, how often? _____ | | |
| 38. Do you have any unused underground storage tanks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Do you have gas pumps? | <input type="checkbox"/> | <input type="checkbox"/> |
| Full Service | <input type="checkbox"/> | <input type="checkbox"/> |
| Self Service | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do they have clearly marked shutoff devices? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Rules posted (No Smoking, Shut off engine, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you own tow trucks? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, where are they insured? _____ | | |
| 41. Do you tow for your own repair operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Tow for hire? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 24 hour service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you loan or lease autos? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Do you loan or lease autos to customers while their autos are being repaired? | <input type="checkbox"/> | <input type="checkbox"/> |
| Explain in detail any YES responses above: | | |
| _____ | | |
| _____ | | |

Section III – Insurance History / Claims

44. Has your insurance been cancelled or non-renewed in the last 3 years? _____ If yes, explain:

45. Prior carrier for the past 3 years.
- | | | |
|-----------------------|-----------------------|---------------|
| Current Carrier _____ | Effective Dates _____ | Premium _____ |
| Prior Carrier _____ | Effective Dates _____ | Premium _____ |
| Prior Carrier _____ | Effective Dates _____ | Premium _____ |
46. List any losses for the past 3 years. Write "NONE" if there have been no claims. Provide details and amount paid. Provide loss runs when available:

Section IV – Coverages and Limits Requested

Premises Operations \$ _____ General Aggregate
 Products-Completed Operations \$ _____ Products/Completed Operations Aggregate
 Personal and Advertising Injury \$ _____ Personal and Advertising Injury
 Contractual Liability \$ _____ Each Occurrence
 Damage to Premises Rented to You \$ _____ Damage to Premises Rented to You
 Medical Expenses \$ _____ Medical Expenses

GARAGEKEEPERS Legal Liability Direct Primary
 Maximum value of all vehicles in your care, custody and control \$ _____
 Comprehensive OR Specified Perils Deductible per vehicle \$ _____
 Collision Deductible \$ _____
 On-Hook Coverage Limit per vehicle \$ _____ Deductible \$ _____

ADDITIONAL INSURED/LOSS PAYEE
 CERTIFICATE HOLDER
 Name _____
 Address _____

 Nature of Interest _____

Section V – Employee Information

List the following information for all employees and drivers of your business.

Name	License # (State)	Date of Birth	Violations and Accidents last 3 years	Job Duties Ownership	Years Experience	Hours Worked	MVR on File?

Section VI – Property – Complete this section for each building

Causes of Loss: Basic Special Form
Deductible: \$250 \$500 \$1,000 Other _____

Item	Co-Ins.	Amount of Insurance	Description and Location of Property Covered: Show complete address, construction, and occupancy of building(s) or containing the property covered. If occupied as a dwelling, state number of families.
Building			
Contents			

Bldg. # _____

1. Distance between buildings. _____
2. Year building built: _____ Year of updates: _____ Heating _____ Plumbing _____ Electrical _____ Roof _____
3. Protection class: _____ Distance to nearest hydrant: _____ # of Stories _____ Area (sq. feet) _____
4. Construction: Frame Brick Veneer Joisted Masonry Metal Clad Mobile / Modular Home
 Fire Resistive Other _____
5. Indicate existing protections: Fire Alarm Burglar Alarm Watch Service Fire Extinguishers
6. Are there any other occupancies? Yes No If yes, describe: _____
7. Describe adjacent businesses: _____
8. Mortgagee Loss Payee

Name

Address

By signing this application, I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I have completed and signed any state required forms selecting or rejecting Uninsured Motorist Coverage and First Party Benefit Forms.

Applicant Signature

Date

Agency Name & Agent's Signature

Date

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to civil or criminal penalties.