



**AUTO SERVICE AND REPAIR
INSURANCE APPLICATION**

Section I – General Information

Policy Period Desired From _____ to _____

1. Named Insured _____

Type of Entity: Corporation Partnership Individual LLC Other: _____

2. For inspection purposes: Name of Contact _____

Interest in Business _____ Phone Number _____

Description of Operations: _____

3. Mailing Address: _____

4. Location #1 _____

Location #2 _____

Location #3 _____

Any Mobile Operations? _____ Give Details: _____

5. New Venture? Yes No

Years Industry Experience _____

Insurance Carrier _____

Effective Dates _____

6. What type of vehicles do you service? What Please place a percentage next to the type that apply. (Must total 100%)

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

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

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are signs posted? | <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"/> |
| 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"/> |
| a. 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"/> |
| a. 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"/> |
| a. 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"/> |
| a. 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"/> |

Explain in detail any YES responses above:

Section III – Insurance History / Claims

42. Has your insurance been cancelled or non-renewed in the last 3 years? _____ If yes, explain:
-
43. Prior carrier for the past 3 years.
- | | | |
|-----------------------|-----------------------|----------------------|
| Current Carrier _____ | Effective Dates _____ | Policy Premium _____ |
| Prior Carrier _____ | Effective Dates _____ | Policy Premium _____ |
| Prior Carrier _____ | Effective Dates _____ | Policy Premium _____ |

44. 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

AUTO AND OTHER THAN AUTO

Liability The most to be paid for any one accident or loss:
 Occurrence \$ _____ Aggregate \$ _____ (other than auto)
 Premises Medical Payments \$ _____ Auto Medical Payments \$ _____
 Personal Injury Broadened Fire Legal Limit \$ _____
 Other: _____ Other: _____

A separate form must be completed for Uninsured Motorists and No-Fault Options

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 \$ _____

TRAILER SALES (Dealers Physical Damage)
 Comprehensive **OR** Specified Perils Deductible per vehicle \$ _____
 Collision Maximum deductible per loss \$ _____

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?

SCHEDULED AUTOS AND TRAILERS

List all vehicles owned by the business, including tow truck/transporters and service autos:

Unit No.	Year, Model, Body Type	Radius	Value	Serial Number	GVW	Coverage Desired					
						Liability	Specified Perils	Comp.	Ded.	Collision	Ded.
1.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
3.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$

Unit Number	Loss Payable/Additional Insured (Name and Address)
1.	
2.	
3.	
4.	
5.	

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: Less than 5 feet 5 – 10 feet 10 – 50 feet Over 50 feet
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.