



SALVAGE YARD QUESTIONNAIRE

This Questionnaire is supplemental to a Garage Renewal Application.

Complete for each location

Business Trade Name _____

1. Is the yard fully fenced and gated? Yes No
If "No", what measures are taken to prevent others from entering the yard?
2. Do you allow customers in the yard? Yes No
If "Yes", **a]** Are customers always accompanied by an employee? Yes No
b] Are customers allowed to pull their own parts? Yes No
3. Are uncrushed vehicles stacked more than 2 high? Yes No
If "Yes", **a]** How high? _____
b] Is a rack used? Yes No
4. Do you stack crushed vehicles more than 5 high? Yes No
If "Yes", how high? _____
5. Is there a car crusher on premises? Yes No
If "Yes", **a]** Is crusher in a completely fenced or enclosed area? Yes No
b] Do you transport crushed cars? Yes No
c] If crushing is being performed by a contractor, are certificates of Insurance obtained? Yes No
6. Do you sell used parts and accessories without installing them? Yes No
If "Yes", what are your annual sales receipts? \$ _____
7. Do you sell used tires, other than in bulk for recycling purposes? Yes No
If "Yes", **a]** What % of overall sales does this represent? _____%
(Must complete question #40 on the Garage Application.)
8. Are you involved in any recycling operations not related to the salvage of "auto" parts? Yes No
If "Yes", **a]** Are your recycling operations covered elsewhere? Yes No
b] What materials do you recycle? _____
c] Do you transport recycled materials/scrap metal? Yes No
d] Are you open to the public for these recycling operations? Yes No
e] If open to the public, are customers kept away from recycling or crushing machines? Yes No
9. Do you sell cars and trucks? Yes No
If "Yes", **a]** Are they sold exclusively on an "As Is" basis? Yes No
b] How many cars and trucks have you sold in the last 12 Months? _____
c] Are you a licensed dealer? Yes No

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE