

SALVAGE YARD SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Number of years' experience: _____
 2. Annual Sales/Receipts: \$ _____
- | | Yes | No |
|--|--------------------------|--------------------------|
| 3. Is the salvage yard fully fenced? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you allow customers in the yard unaccompanied? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you allow customers to pull their own parts?
If yes, are they accompanied by an employee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any animals on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you sell used parts and accessories without installing them?
If yes, annual sales receipts: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you alter or rebuild any salvaged parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you provide any warranties or guarantees on parts sold? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do your invoices and/or sales receipts state parts are sold "as-is"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you use these used parts in your repair operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you stack vehicles?
If yes, indicate how high: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have a car crusher?
If yes, advise the safety precautions used: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you perform any welding/cutting or use acetylene torches?
If yes, indicate: _____% | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Is welding/cutting/use of acetylene torches performed only by experienced employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you maintain fire watch during work and for at least 120 minutes after completion of work to detect and extinguish smoldering fires? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you have appropriate fire extinguishing equipment readily available and are employees trained in proper use? | <input type="checkbox"/> | <input type="checkbox"/> |

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address