

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. Types of vehicles you service. Indicate percentage next to the type that applies. (Must total 100%)

Private Passenger, SUV, Lt Trucks	%	Vehicles with 10 – 25,000 GVW	%	Extra Heavy Trucks/Tractors	%
Emergency Vehicles	%	Other Recreational Autos (Snowmobiles, Dirt Bikes, ATVs, etc.)	%	Motor Coaches / Buses	%
Motorhomes	%				
Motorcycles	%	Dirt Bikes/ATVs, Auto, Truck or Van Conversions	%	Watercraft (Boats, Jetskis)	%
Farm/Contractor Equipment	%	Antique/Classic Cars	%	High Performance Vehicle	%

3. Surveillance camera? Yes No If yes, describe:

4. Security system? Yes No If yes, describe:

SERVICE AND REPAIR OPERATIONS

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

2. Indicate steps in place to ensure that proper repairs are made and the vehicle is safe to return to the road:

<input type="checkbox"/> Post Service Checklist	<input type="checkbox"/> Service Manager Review
<input type="checkbox"/> Test Drive	<input type="checkbox"/> Customer Pre-approval of Repairs

3. Any mobile operations? If yes, describe: _____
4. Do you install or repair ignition interlocking systems? Yes No
5. Is smoking prohibited in service area? Yes No
Are signs posted? Yes No
6. Are there sprinklers and smoke detectors in service bay? Yes No
7. Do you have fire extinguishers, currently tagged? Yes No
8. Are solvents and flammables stored in approved receptacles? Yes No
9. Is painting performed? Yes No
If yes, is painting done in a UL approved spray painting booth? Yes No
10. Are welding operations separated from spray painting operations? Yes No
11. Are oil rags and waste products disposed of properly? Yes No
Explain in detail any NO responses above:

12. Do you ever use any used or rebuilt parts? If yes, indicate: _____% Yes No
13. Do you have a salvage or junk yard? Yes No
14. Do you recap tires? If yes, indicate: _____% Yes No
15. Do you manufacture any products? Yes No
16. Do you install or modify trailer hitches by welding or any other means? Yes No
If yes, explain:

- | | Yes | No |
|---|--|--|
| 17. Is any part of your operation a self-service auto repair shop? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are customers allowed in service areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you have frame straightening equipment?
If yes, do you use a commercial straightener? | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 20. Do you repossess autos? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you loan or lease autos to customers while their autos are being serviced or repaired?
If yes, how often: | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 22. Do you have any unused underground storage tanks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have gas pumps?
Full Service | <input type="checkbox"/>
<input type="checkbox"/> | <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. Are rules posted (No Smoking, Shut off engine, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you have a towing exposure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you have commercial auto coverage in place?
If yes, provide details: | <input type="checkbox"/> | <input type="checkbox"/> |

26. **Estimated Annual:**

Class Description	Class Code	Exposure	
Tire Sales - New		Sales - \$	%
Tire Sales - Used		Sales - \$	%
Recap Tires		Sales - \$	
Convenience Store Sales	13673	Sales - \$	
Gasoline Stations – Full Service	13453	Gallons:	
Gasoline Stations – Full & Self Service Combined	13455	Gallons:	
LPG Gas Sales from Tank Filling	13412	Sales - \$	Gallons:
LPG Gas Sales from Tank Swap Program	13412	Sales - \$	Gallons:

27. Do you have any other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured:

GARAGEKEEPERS

Garagekeepers

Maximum value of all vehicles in your care, custody and control: \$

Total annual gross receipts from your operations: \$

Comprehensive OR Specified Causes of Loss Deductible per vehicle \$

Collision Deductible \$

1.	Average value of vehicles: Inside: \$	Outside: \$
2.	Average number of vehicles: Inside:	Outside:
3.	Number of service bays:	Number of parking spaces:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 4. Are customer's autos securely enclosed or locked when unattended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are keys stored in a secure location where access is restricted to authorized personnel only? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do persons test driving heavy trucks or buses have a CDL? | <input type="checkbox"/> | <input type="checkbox"/> |

HIRED/NON-OWNED

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Do you own any autos? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you own any dealer plates? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you screen driver's licenses on all employees on an annual basis? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

**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		
