



AUTO SERVICE RISKS SUPPLEMENTAL APPLICATION

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

| APPLICANT INFORMATION | |
|------------------------------|--|
| Named Insured _____ | |
| Address _____ | |
| Website _____ | |

| SCHEDULE OF OPERATIONS | | | |
|-------------------------------|---------------------------|------------|--|
| Loc. # | Description of Operations | Class Code | Premium Bases: (s) Gross Sales; (p) Payroll; (c) Total Cost; (t) Other |
| | | | |
| | | | |
| | | | |

| | | | |
|--|---------------|------------------------|--|
| | Repair | | Total Annual Gross Receipts from: |
| Private Passenger Autos (including pickups & vans) | _____% | Repair | \$ _____ |
| Motorcycles/ATV/Off Road Bikes | _____% | Tow Truck Operation | \$ _____ |
| Extra Heavy Trucks/ Truck Tractors/Trailers/ Semi-Trailers/5th Wheels | _____% | Other | \$ _____ |
| Motor Homes/Utility Trailers/Campers | _____% | Tire Sales | \$ _____ |
| Other- Describe: _____ | _____% | Total Receipts: | \$ _____ |
| | 100% | | |

| |
|---|
| PHYSICAL DAMAGE TO CUSTOMERS' AUTOS (OPTIONAL PROPERTY COVERAGE) |
|---|

- Direct Primary Coverage for Loss or Damage to Customers' Autos
- Legal Liability Coverage for Loss or Damage to Customers' Autos

Premises:

| | Address | Limit (per event) | Deductible (per event) |
|------------|---------|-------------------|------------------------|
| Premises 1 | | | |
| Premises 2 | | | |
| Premises 3 | | | |

Tow Trucks:

| Tow Truck # | Tow Trucks | | | Limit & Deductible | |
|-------------|------------|--------------|-----|--------------------|-----------------------|
| | Year | Make & Model | VIN | Limit (per event) | Deductible (per auto) |
| 1. | | | | \$ | \$ |
| 2. | | | | \$ | \$ |
| 3. | | | | \$ | \$ |
| 4. | | | | \$ | \$ |



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GENERAL INFORMATION

Please Answer All Questions:

1. Do you have any owned commercial vehicles? YES NO
2. Do you sell vehicles? YES NO
3. Do you repair any of the following; airbag/restraint systems, boats, buses, farm equipment, mobile homes, contractors equipment, racing vehicles, jet skis, or snowmobiles? YES NO
4. Do you modify factory suspension of vehicles such as "lifting"? (i.e. monster trucks, hydraulic systems) YES NO
5. Do you perform conversion work, including handicap equipment installation or repair? YES NO
If yes, explain: _____
6. Do you perform work on fire trucks, ambulances or other emergency vehicles? YES NO
If yes, explain: _____
7. Do you modify vehicles for style, performance, or handling characteristics (i.e. racing, derby, etc.) YES NO
If yes, explain: _____
8. Do you install trailer hitches? YES NO
If yes, total % of sales for hitch installation/ repair _____
9. Do you perform any welding? YES NO
If yes, explain: _____
10. Do you install or repair butane, propane or liquid petroleum systems? YES NO
11. Do you conduct any spray painting operations? YES NO
If yes, please complete the below questions.
 - a. Does the spray booth have explosion proof lighting and fixtures as well as a functioning exhaust ventilation system? YES NO
 - b. Is paint stored in fire resistive cabinets outside of the paint booth? YES NO
 - c. Are there any impound or storage lots on premise? YES NO
12. Are used tire sales >10%? YES NO
13. Do you recap or sell any recapped or retreaded tires? YES NO
14. Indicate the number of license plates you have:
Dealer: coverage not provided Regular: _____ Transporter: _____ Other: _____
15. Do you pick up or deliver automobiles? YES NO
If yes, explain: _____
16. Do you repossess autos? YES NO
17. Do you engage in any towing operations? YES NO

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If yes, please complete the below questions.

- a. Do you tow for repossession companies under contract? YES NO
- b. What types of vehicles do you tow? : _____
18. Do you engage in any dismantling/ salvage or rebuilding autos? YES NO
If yes, explain: _____
19. Is the premises where autos are kept alarmed? YES NO
If yes, type of alarm: _____
20. Do you park customers' vehicles on the street? YES NO
21. Where are autos kept: Inside _____% Outside _____%
22. If autos kept inside indicate age, construction and condition of building: _____

23. If autos are kept outside, is your lot protected on all sides by a fence, chain, cable, or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock? YES NO
If no, explain: _____
24. Is the parking area lighted at night? YES NO
25. Do you leave keys in vehicles? YES NO
26. Where are keys to customers' autos kept and how are they controlled:
At night, explain: _____
During business hours, explain: _____
27. Do you employ a guard while business is closed? YES NO
28. Do have any guard dogs or vicious dogs on the premises? YES NO
29. Do you employ anyone under the age of 21? YES NO

If yes, complete the information below for all employees under the age of 21.

| | Name | Driver's License Number | Date of Birth | Date of Hire | # years of experience | Indicate if Tow Truck Operator (y/n) | Driving Violation (y/n)* |
|---|------|-------------------------|---------------|--------------|-----------------------|--------------------------------------|--------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

***Driving Violation: Any Type A Violation OR more than one moving violation within the past 3 years**

If yes, these drivers must be listed on form S2124 Exclusion – Named Driver Endorsement

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.



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APPLICABLE IN THE STATE OF NEW YORK

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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Applicant Name (Print)

Producer Name

Applicant Signature & Date

Producer Address