



Auto Service Risks Application

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

A. GENERAL INFORMATION:

1. Number of years in business: _____ **Number of years at this location:** _____

2. Indicate operations applicable to applicant:

- | | |
|---|---|
| <input type="checkbox"/> Automobile Parts & Supplies Store | <input type="checkbox"/> Gasoline Station—full service—with service/repair shop |
| <input type="checkbox"/> Automobile Quick Lubrication Services | <input type="checkbox"/> Gasoline Station—self and full service combined—with service/repair shop |
| <input type="checkbox"/> Automobile Repair or Service Shop | <input type="checkbox"/> Gasoline Station—self-service—without convenience store and no service/repair shop |
| <input type="checkbox"/> Automobile Storage | <input type="checkbox"/> Mobile Repair/Detailing |
| <input type="checkbox"/> Car Wash—other than self-service | <input type="checkbox"/> Parking—public—not open air |
| <input type="checkbox"/> Car Wash—self-service | <input type="checkbox"/> Parking—public—open air |
| <input type="checkbox"/> Convenience Store/Gasoline Station—full service—with service/repair shop | <input type="checkbox"/> Roadside Assistance |
| <input type="checkbox"/> Convenience Store/Gasoline Station—self and full service combined—with service/repair shop | <input type="checkbox"/> Tire Dealer |
| <input type="checkbox"/> Convenience Store/Gasoline Station—self-service—without service/repair shop (refer to Grocery/Convenience Store Program) | <input type="checkbox"/> Other (describe): _____ |
| | _____ |
| | _____ |

3. Inspection Contact Person: _____ Telephone: _____

4. Does applicant have any vehicle dealer operations? Yes No

5. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

6. Any other insurance with this company or being submitted? Yes No

If yes, please list name[s] and/or policy number[s]: _____

7. During the past three years, has any company canceled, declined or refused similar insurance to the applicant (Not Applicable in Missouri)? Yes No

If yes, explain: _____

8. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

9. Additional Insured Information:

Name	Address	Interest

10. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy Number			
Coverage			
Total Premium	\$	\$	\$

11. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. Check if no losses in the last three years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

B. OPTIONAL MARKET SEGMENTS ENDORSEMENTS

1. MS AS 01 (or state equivalent)—Auto Service Risks (Property Coverage extensions)

Coverage Selected?..... Yes No

2. Increased Limits for Optional Auto Services Endorsement MS AS 01 (or state equivalent):

Premises No.:	Building No.:	Limit of Insurance	Increased Limits Available
1.	Fire Department Service Charge	\$	(\$7,500 or \$10,000 limits)
2.	Money and Securities	\$	(maximum limit \$10,000)
3.	Outdoor Signs	\$	(maximum limit \$250,000)
4.	Valuable Papers and Records	\$	(maximum limit \$250,000)
5.	Employee Tools	\$	(\$5,000, \$7,500 or \$10,000 limits)
6.	Accounts Receivable	\$	(maximum limit \$250,000)

Premises No.:	Building No.:	Limit of Insurance	Increased Limits Available
1.	Fire Department Service Charge	\$	(\$7,500 or \$10,000 limits)
2.	Money and Securities	\$	(maximum limit \$10,000)
3.	Outdoor Signs	\$	(maximum limit \$250,000)
4.	Valuable Papers and Records	\$	(maximum limit \$250,000)
5.	Employee Tools	\$	(\$5,000, \$7,500 or \$10,000 limits)
6.	Accounts Receivable	\$	(maximum limit \$250,000)

3. Loss or Damage to Customers' Autos:

Select Coverage Requested:		
<input type="checkbox"/> MS AS 02—Direct primary coverage for loss or damage to customers' autos.		
<input type="checkbox"/> MS AS 03—Legal liability coverage for loss or damage to customers' autos.		
<input type="checkbox"/> MS AS 04—Direct primary coverage for loss or damage to customers' autos and other customers' property.		
Requested Limits and Deductibles	Loc. 1	Loc. 2
Enter the Limit for Each Location (maximum value of all autos in your C.C.C.)	\$	\$
Maximum number of vehicles in your C.C.C.		
Other than Collision deductible per each customer's auto	\$	\$
Other than Collision maximum deductible per any one event	\$	\$
Other than Collision deductible per each customer's auto with no maximum per event. (ten percent (10%) rates credit available)	\$	\$
Collision deductible per each customer's auto	\$	\$

4. MS AS 05—Loss or Damage to Lessors' Property:

	Loc. 1	Loc. 2
Description of Premises		
Description of Leased Property		
Name of Lessor		
Limit of Insurance per Occurrence (maximum limit \$100,000)	\$	\$

5. MS AS 06 (or state equivalent)—Hired Auto and Non-Owned Auto Liability:

Coverage		Per Occurrence—Limit of Insurance (maximum per occurrence limit \$1,000,000)
Hired Auto Liability	Cost of Hire: \$	\$
Non-Owned Auto Liability	No. of Employees:	\$

C. **PROPERTY SECTION**

1. Equipment Breakdown Coverage requested? Yes No

2. Premises information:

a.

Premises No.:	Building No.:	Interest:			
Address:					
Coverage	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible
Building	\$	%	\$		\$
Business Personal Property	\$	%	\$		\$
Business Income	\$	%	N/A		N/A
Other	\$	%	\$		\$

- Mortgagee or loss payee: _____
- Construction type: _____
- Protection class: _____
- Number of stories:
- Total square foot area:
- Sprinkler system? Yes No
- Operable smoke detectors? Yes No
- Is structure enclosed? Yes No
- Spray painting operations? Yes No
- If yes, is spray paint booth UL approved? Yes No
- Burglar alarm type: Local Central Station
- Fire alarm type: Local Central Station
- Year built:
- Building remodeling (include year):
 Wiring? Yes No
 Year:
- Heating? Yes No
 Year:
- Plumbing? Yes No
 Year:
- Roof? Yes No
 Year:
- Are flammables stored in separate, well ventilated fire divisions away from ignition sources in accordance with state specific guidelines? Yes No

b.

Premises No.:		Building No.:		Interest:	
Address:					
Coverage	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible
Building	\$	%	\$		\$
Business Personal Property	\$	%	\$		\$
Business Income	\$	%	N/A		N/A
Other	\$	%	\$		\$

- **Mortgagee or loss payee:** _____
- Construction type: _____
- Protection class: _____
- Number of stories:
- Total square foot area:
- Sprinkler system? Yes No
- Operable smoke detectors? Yes No
- Is structure enclosed? Yes No
- Spray painting operations? Yes No
If yes, is spray paint booth UL approved? Yes No
- Burglar alarm type: Local Central Station
- Fire alarm type: Local Central Station
- Year built:.....
- Building remodeling (include year):
Wiring? Yes No
Year:.....
- Heating? Yes No
Year:.....
- Plumbing? Yes No
Year:.....
- Roof? Yes No
Year:.....
- Are flammables stored in separate, well ventilated fire divisions away from ignition sources in accordance with state specific guidelines? Yes No

D. GENERAL LIABILITY SECTION

1. Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expenses (any one person)	\$
Deductible	\$

2. Schedule of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other (identify)

3. Does applicant have any owned commercial vehicles? Yes No

4. Does applicant subcontract work to others? Yes No

If yes, advise total cost and details: _____

5. Does applicant store oil, gasoline or other petroleum products? Yes No

If yes, explain: _____

6. Does applicant rent or loan autos to customers while their autos are left for service or repair? Yes No

If yes, explain: _____

7. Does applicant pick up or deliver automobiles? Yes No

If yes, indicate radius in miles: 50 mi _____% 50-200 _____% over 200 _____%

8. Are any automobiles consigned? Yes No

9. Where are keys to customers' autos kept:

At night? _____

During business hours? _____

10. Where are customers' autos kept at night? Inside _____% Outside _____%

11. If autos are kept outside, is lot protected on all sides by 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: _____

12. Is the parking area lighted at night? Yes No

13. Are there any dogs on premises? Yes No

14. Does applicant employ a guard while business is closed? Yes No

15. Advise if applicant has the following operations:

- Airbag installation, servicing or repair? Yes No

If yes, advise percentage of gross receipts: _____%

- Aircraft servicing or repair? Yes No

- All terrain vehicle (ATV) service or repair? Yes No

If yes, advise percentage of gross receipts: _____%

- **Alternative fuel conversions (butane, propane or liquid petroleum)?** Yes No
If yes, advise percentage of gross receipts: %
- **Auto or Van conversions/modifications:** Yes No
If yes, advise percentage of gross receipts: %
Indicate type of work performed and/or equipment installed:

<input type="checkbox"/> Air Conditioners	<input type="checkbox"/> High valued electronics	<input type="checkbox"/> Stoves
<input type="checkbox"/> Chair lifts	<input type="checkbox"/> Hydraulic suspension systems	<input type="checkbox"/> Structural
<input type="checkbox"/> Chassis	<input type="checkbox"/> Performance	<input type="checkbox"/> Style
<input type="checkbox"/> Frame	<input type="checkbox"/> Physically disabled controls	<input type="checkbox"/> Suspension
<input type="checkbox"/> Handling characteristics	<input type="checkbox"/> Refrigerators	<input type="checkbox"/> Tanks
<input type="checkbox"/> Heaters	<input type="checkbox"/> Other (describe): _____	
- **Automobile dismantling?** Yes No
- **Automobile repair shops–self service?** Yes No
- **Auto rebuilding?** Yes No
If yes, advise percentage of gross receipts: %
Indicate all applicable:

<input type="checkbox"/> Custom work	<input type="checkbox"/> Flood restoration	<input type="checkbox"/> Fire restoration
<input type="checkbox"/> Salvaged titled vehicles	<input type="checkbox"/> Other (describe): _____	
- **Boat service or repair?** Yes No
If yes, advise percentage of gross receipts: %
- **Bus service or repair?** Yes No
If yes, advise percentage of gross receipts: %
- **Contractors equipment service or repair?** Yes No
- **Farm equipment service or repair?** Yes No
- **Frame straightening?** Yes No
If yes, advise percentage of gross receipts: %
- **Heavy truck service or repair?** Yes No
If yes, advise percentage of gross receipts: %
- **Impound storage lots?** Yes No
- **Interlock breathalyzer installation service or repair?** Yes No
- **Jet ski service or repair?** Yes No
- **Leasing or renting of vehicles or equipment?** Yes No
- **Liquor sales?** Yes No
If yes, advise percentage of gross receipts: %
- **Manufacturing, assembling or fabrication operations?** Yes No
- **Mobile equipment service or repair?** Yes No
- **Mobile home service or repair?** Yes No
- **Motorcycle service or repair?** Yes No
If yes, advise percentage of gross receipts: %
- **Motorcycle manufacturing, assembly, fabrication or performance enhancement?** Yes No
- **Motorhome/RV service or repair?** Yes No
If yes, advise percentage of gross receipts: %
- **Parking garages/Lots other than self-park?** Yes No
- **Pawn shop operations?** Yes No
- **Racing operations?** Yes No

- **Repossession operations?** Yes No
If yes, advise percentage of gross receipts: %
- **Salvage or junk yards?** Yes No
- **Snowmobile service or repair?** Yes No
If yes, advise percentage of gross receipts: %
- **Is applicant a member of the Tire Industry Association (TIA)?** Yes No
- **Tire recapping/retreading or split rim work?** Yes No
- **Used Tire sales?** Yes No
If yes, advise percentage of gross receipts: %
- **Tow truck operations?** Yes No
- **Trailer hitch bolt-on installation or repair?** Yes No
If yes, advise percentage of gross receipts: %
- **Trailer hitch weld-on operations?** Yes No
- **Trailer service or repair for other than utility trailers?** Yes No
If yes, advise percentage of gross receipts: %
- **Travel trailer service or repair?** Yes No
If yes, advise percentage of gross receipts: %
- **Truck tractor service or repair?** Yes No
If yes, advise percentage of gross receipts: %
- **Valet Parking?** Yes No
- **Watercraft service or repair?** Yes No

This application does not bind YOU nor US 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.

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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK (OTHER THAN AUTOMOBILE): 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 such violation.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK (AUTOMOBILE): Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IMPORTANT NOTICE

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



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total \$
Deductible	\$	

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US 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.

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 such 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.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

IMPORTANT NOTICE

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