**AUTO SERVICE RISKS GENERAL LIABILITY APPLICATION**

|  |  |
| --- | --- |
| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No.:  Address:    E-mail:  Phone No.: |

**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” (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture

Limited Liability Company  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone No.:**

**Inspection Contact:**

**E-mail Address:**       **Phone No.:**

**A. GENERAL INFORMATION:**

**1. Indicate operations applicable to applicant:**

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

**2. Number of years in business:**

Number of years at this location:

**3. Does applicant have any vehicle dealer operations?**  Yes  No

If yes, does applicant have an auto dealers license?  Yes  No

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

|  |
| --- |
| If yes, explain and advise where insured: |

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

If yes, list name(s) and/or policy number(s):

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

|  |
| --- |
| If yes, explain: |

**7. 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, explain: |

**8.** **Additional Insured Information:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Interest** |
|  |  |  |
|  |  |  |
|  |  |  |

**9. Prior Carrier Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year:** | **Year:** | **Year:** |
| Carrier |  |  |  |
| Policy Number |  |  |  |
| Coverage |  |  |  |
| Total Premium | $ | $ | $ |

**10. 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. Is 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) |

|  |  |  |  |
| --- | --- | --- | --- |
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| **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:**  MS AS 02—Direct primary coverage for loss or damage to customers’ autos.  MS AS 03—Legal liability coverage for loss or damage to customers’ autos.  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:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location 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: | • Burglar alarm type:  Local  Central Station |
| • Protection class: | • Fire alarm type:  Local  Central Station |
| • Number of stories: | • Total square foot area: |
| • Sprinkler system?  Yes  No | • Year built: |
| • Operable smoke detectors?  Yes  No | • Building remodeling (include year): |
| • Is structure enclosed?  Yes  No | Wiring?  Yes  No Year: |
| • Spray painting operations?  Yes  No | Heating?  Yes  No Year: |
| • If yes, is spray paint booth UL  approved?  Yes  No | 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 | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Location 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** | | $ | % | | $ |  | $ |

|  |  |
| --- | --- |
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| • Spray painting operations?  Yes  No | Heating?  Yes  No Year: |
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| 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 and Deductible Requested:**

|  |  |
| --- | --- |
| General Aggregate (other than Products/Completed Operations) | $ |
| Products and Completed Operations Aggregate | $ |
| Personal and 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) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

**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 the 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:

Air Conditioners  High valued electronics  Stoves

Chair lifts  Hydraulic suspension systems  Structural

Chassis  Performance  Style

Frame  Physically disabled controls  Suspension

Handling characteristics  Refrigerators  Tanks

Heaters  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:

Custom work  Flood restoration  Fire restoration

Salvaged titled vehicles  Other (describe):

• **Boat service or repair?**  Yes  No

If yes, advise percentage of gross receipts:      %

• **Bus service or repair (including tire work)?**  Yes  No

If yes, advise percentage of gross receipts:      %

• **Contractors equipment service or repair?**  Yes  No

If yes, advise percentage of gross receipts:      %

• **Farm equipment service or repair?**  Yes  No

If yes, advise percentage of gross receipts:      %

• **Frame straightening?**  Yes  No

If yes, advise percentage of gross receipts:      %

• **Heavy truck service or repair (including tire work)?**  Yes  No

If yes, advise percentage of gross receipts:      %

• **Impound storage lots?**  Yes  No

• **Interlock breathalyzer installation service or repair?**  Yes  No

If yes, advise percentage of gross receipts:      %

• **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

If yes, advise percentage of gross receipts:      %

• **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 (including tire work)?**  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

If yes, advise percentage of gross receipts:

With repair operations:      %

Without repair operations:      %

• **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 (including tire work)?**  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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

|  |  |  |
| --- | --- | --- |
|  | **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. | | |