**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

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| --- |
| 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 ofLoss** | **Description of Loss** | **AmountPaid** | **AmountReserved** | **Claim Status(Open orClosed)** |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |

**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) |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:**[ ]  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** | **AmountRequested** | **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** | **AmountRequested** | **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 |

**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) |
|     |       |       |       |       |
|     |       |       |       |       |
|     |       |       |       |       |
|     |       |       |       |       |
|     |       |       |       |       |

**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. |