

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)

Premises No.:	Building No.:	Limit of Insurance	Increased Limits Available
1.	Fire Department Service Charge	\$	(\$7,500 or \$10,000 limits)
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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:

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: _____
- Protection class: _____
- Number of stories: _____
- 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
- Are flammables stored in separate, well ventilated fire divisions away from ignition sources in accordance with state specific guidelines? Yes No
- Burglar alarm type: Local Central Station
- Fire alarm type: Local Central Station
- Total square foot area: _____
- Year built: _____
- Building remodeling (include year):
 Wiring? Yes No Year: _____
 Heating? Yes No Year: _____
 Plumbing? Yes No Year: _____
 Roof? Yes No Year: _____

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: _____
- Protection class: _____
- Number of stories: _____
- 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
- Are flammables stored in separate, well ventilated fire divisions away from ignition sources in accordance with state specific guidelines?..... Yes No
- Burglar alarm type:..... Local Central Station
- Fire alarm type:..... Local Central Station
- Total square foot area: _____
- Year built: _____
- Building remodeling (include year):
 Wiring? Yes No Year: ____
 Heating? Yes No Year: ____
 Plumbing?..... Yes No Year: ____
 Roof?..... Yes No Year: ____

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:

- | | | |
|---|---|-------------------------------------|
| <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 (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.