

# Automobile Service Operations Application

COLUMBIA INSURANCE COMPANY  
 NATIONAL FIRE & MARINE INSURANCE COMPANY  
 NATIONAL INDEMNITY COMPANY  
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA  
 NATIONAL INDEMNITY COMPANY OF THE SOUTH  
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

## GENERAL INFORMATION

1. Named Applicant (you): \_\_\_\_\_
2. You are:  Individual  Partnership  Corporation
3. Mailing Address: \_\_\_\_\_
4. Business Address: \_\_\_\_\_
5. You are:  Owner  Tenant Does owner need to be named as additional insured?  Yes  No  
 If yes, owner's name \_\_\_\_\_
6. Your Business is repair of:
 

	% of Operation		% of Operation
<input type="checkbox"/> Motorcycles	_____	<input type="checkbox"/> Boats	_____
<input type="checkbox"/> All Terrain Vehicles	_____	<input type="checkbox"/> Utility Trailers, Semi-Trailers, Trailers	_____
<input type="checkbox"/> Private Passenger Vehicles	_____	<input type="checkbox"/> Trucks or Truck Tractors	_____
<input type="checkbox"/> Motor Homes	_____	<input type="checkbox"/> Propane Conversions	_____
<input type="checkbox"/> Farm Equipment or Implement Dealer	_____	<input type="checkbox"/> LPG Systems	_____
<input type="checkbox"/> Mobile Homes	_____	<input type="checkbox"/> Buses	_____
<input type="checkbox"/> Mobile Repair	_____	<input type="checkbox"/> Contractor's Equipment	_____
		<input type="checkbox"/> Other	_____
7. Insurance is desired from \_\_\_\_\_ 20\_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_\_
8. Person to contact: For Inspection (Name & Phone Number) \_\_\_\_\_  
 For Accounting Records (Name & Phone Number) \_\_\_\_\_
9. Current management has controlled business since \_\_\_\_\_ (year) and has been in this type of business since \_\_\_\_\_ (year)
10. Is this a new venture?  Yes  No
11. (a) List major owners/shareholders/management:
 

Name	Years with Company	% of Ownership
_____	_____	_____
_____	_____	_____
- (b) What is estimated net worth of the business? \_\_\_\_\_ (c) Gross receipts last year? \_\_\_\_\_
12. Have you ever filed for reorganization or bankruptcy?  Yes  No  
 Date filed \_\_\_\_\_ Date released \_\_\_\_\_
13. Are you involved in any auto sales?  Yes  No If yes, % \_\_\_\_\_
14. Plates held by Applicant:  Dealer  Transporter Plate #'s \_\_\_\_\_  
 Repairer  Other \_\_\_\_\_  
 Are plates used on owned vehicles?  Yes  No Describe \_\_\_\_\_  
 Are plates used on tow trucks?  Yes  No Describe \_\_\_\_\_

### 15. Limits of Liability and Coverage(s) Requested – (Check desired coverage and insert limits)

- I. LIABILITY

	Each Accident	Aggregate (Garage operations only)
<input type="checkbox"/> Bodily Injury & Property Damage Liability CSL	\$ _____	\$ _____
(Property Damage Liability – subject to \$100 deductible completed operations)		
- II. MEDICAL PAYMENTS

<input type="checkbox"/> Premises Medical Payments \$ _____	Each person
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- III. GARAGEKEEPERS COVERAGE

<input type="checkbox"/> Specified Perils and Collision	<input type="checkbox"/> Legal Liability
<input type="checkbox"/> \$500 deductible per auto	<input type="checkbox"/> Direct Primary
<input type="checkbox"/> \$1,000 deductible per auto	<input type="checkbox"/> Excess Primary
<input type="checkbox"/> \$ _____ other deductible per auto	
<input type="checkbox"/> In Tow (Damage to autos while being towed) Limit per vehicle \$ _____	Deductible: _____

**16. LOCATIONS TO BE COVERED**

Loc. No.	Location	Occupancy	Garagekeepers Limit	Garagekeepers	
		Repair Shop, Painting Shop, etc.		Average/Maximum Value per Auto	Average/Maximum Number of Autos
1					
2					
3					

**17. EMPLOYEE AND NON-EMPLOYEE INFORMATION (Include Independent Contractors)**

Loc. No.	Name	Job Description	Date of Birth	Drivers License #	State Licensed	Number of Accidents	Number of Violations	Explain

**18. OWNED OR LEASED AUTOS USED IN CONNECTION WITH GARAGE OPERATION  
(No coverage afforded unless units are described & specifically charged for)**

Model Year	Trade Name	Serial Number	G.V.W.	Use	Maximum Radius of Operation	Garaging	Deductible	Current Value	Plate Permanently Attached Yes or No

Check desired coverages for scheduled autos and/or plates:

Liability (Must be the same as the garage liability limit)       Medical Payments Limit \_\_\_\_\_       UM Limit \_\_\_\_\_

**UNDERWRITING INFORMATION**

- |                                                                                                        |                                                              |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 19. Is Item 5 your primary operation? If not, explain _____                                            | 19. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Do you sell or distribute butane, propane, other liquified gas under pressure, or ammonia nitrate? | 20. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. (a) Do you sell tires? _____ % of Receipts    _____ % New    _____ % Used                          | 21. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you recap tires?                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 22. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % _____             | 22. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Do you operate a salvage yard?                                                                     | 23. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Do you have a salvage title?                                                                       | 24. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Do you salvage cars for resale?                                                                    | 25. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, % _____                  | 26. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. (a) Do you weld?                                                                                   | 27. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you weld gas tanks?                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 28. Do you sell or service hoists, lifts, or like equipment?                                           | 28. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Do you repossess autos? (supplemental needed)                                                      | 29. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Do you have a parts store?                                                                         | 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Gross Receipts \_\_\_\_\_     Used Parts % \_\_\_\_\_     New Parts % \_\_\_\_\_

31. Is your primary operation valet or attendant parking? 31.  Yes  No
32. Do you have automatic car washes on location? (\$500 deductible applies) 32.  Yes  No
33. Do you have hoists or lifts?  
If yes, are they maintained and regularly inspected? 33.  Yes  No  
 Yes  No
34. (a) Do you spray paint on location? 34.  Yes  No  
(b) Do you use booth meeting government standards?  Yes  No
35. Do you take vehicles on consignment? If yes, % \_\_\_\_\_ 35.  Yes  No  
If yes, is value of consigned autos included in garagekeepers limit?  Yes  No

36. **PREMISES**

Describe neighborhood:  Commercial  Residential

Age of building \_\_\_\_\_ Construction \_\_\_\_\_ # of floors \_\_\_\_\_

Are customer's cars stored in building(s)? 36.  Yes  No

If no, describe lot (i.e. fenced, lighted, etc.) \_\_\_\_\_

Are keys locked when stored after hours?  Yes  No

Where are keys kept? Explain \_\_\_\_\_

Do you have fire and smoke alarms?  Yes  No

Do you have fire extinguishers?  Yes  No

Do you occupy all of the premises?  Yes  No

Do you lease part of premises to others? If yes, who \_\_\_\_\_  Yes  No

37. (a) **PREVIOUS 3 YEARS' CARRIER(S) AND ANY LOSS EXPERIENCE**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

(b) During the past three (3) years has any insurer cancelled or refused renewals?  Yes  No If yes, explain \_\_\_\_\_

(c) Are you aware of any facts or past incidents, circumstances, or situations which could give rise to a claim under the insurance coverage sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_

