

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

Desired Policy Term From: _____ To _____

GENERAL INFORMATION

1. Named Applicant (you): _____
2. You are: Individual Partnership Corporation
3. Mailing Address: _____
4. Business Address: _____
5. Web Site Address: _____
6. You are: Owner Tenant Does owner of premises need to be named as additional insured? Yes No
 If yes, owner's name _____
7. Description of Operation: _____
8. 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 _____	

9. Person to contact: For Inspection (Name & Phone Number) _____
 For Accounting Records (Name & Phone Number) _____
10. Current management has controlled business since _____ (year) and has been in this type of business since _____ (year)
11. Is this a new venture? Yes No

12. (a) **PREVIOUS 3 YEARS' CARRIER(S) AND 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 _____

13. (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? _____

14. Have you ever filed for reorganization or bankruptcy? Yes No
 Date filed _____ Date released _____

15. Are you involved in any auto sales? Yes No If yes, % _____
16. Do you take vehicles on consignment? Yes No If yes, % _____
 If yes, is value of consigned autos included in garagekeepers limit? Yes No
17. Plates held by Applicant: Dealer Transporter
 Repairer Other

Plate #'s _____

Are plates used on owned vehicles? Yes No Describe _____

Are plates used on tow trucks? Yes No Describe _____

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

- I. LIABILITY Each Accident Aggregate (Garage operations only)
- Bodily Injury & Property Damage Liability CSL \$ _____ \$ _____
 (Property Damage Liability – subject to \$100 deductible completed operations) (Maximum Aggregate Limit - 2 million)
- II. MEDICAL PAYMENTS
- Premises Medical Payments \$ _____ Each person Choose Limit : \$500 \$750 \$1,000 \$2,000 \$5,000
- III. GARAGEKEEPERS COVERAGE
- Specified Perils and Collision Legal Liability
 \$500 deductible per auto Direct Primary
 \$1,000 deductible per auto Excess Primary
 \$ _____ other deductible per auto
- In Tow (Damage to autos while being towed) Limit per vehicle \$ _____ Deductible: _____

19. BUSINESS 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					

20. EMPLOYEE INFORMATION (Include Independent Contractors)

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

**21. 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

22. Is operation in question 7 your primary operation? If not, explain _____ 22. Yes No
23. Do you sell or distribute butane, propane, other liquified gas under pressure, or ammonia nitrate? 23. Yes No
24. (a) Do you sell tires? _____ % of Receipts _____ % New _____ % Used 24. Yes No
(b) Do you recap tires? Yes No
25. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % _____ 25. Yes No
26. Do you hold a salvage dealer license or operate a salvage yard? 26. Yes No
27. Do you salvage cars for resale? 27. Yes No
28. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, % _____ 28. Yes No
29. Do you weld gas tanks? 29. Yes No
30. Do you sell or service hoists, lifts, or like equipment? 30. Yes No
31. Do you repossess autos? 31. Yes No
32. Do you sell parts? 32. Yes No
Gross Receipts of Parts Sales _____ Used Parts % _____ New Parts % _____
33. Is your primary operation valet or attendant parking? 33. Yes No
34. Do you have automatic car washes on location? (\$500 deductible applies) 34. Yes No
35. (a) Do you spray paint on location? 35. Yes No
(b) Do you use a booth meeting government standards? Yes No
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36. PREMISES

- 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
- Is your operation located at your private residence? Yes No
- If yes, do you have homeowners or renters insurance? Yes No

