



Automobile Service Operations Application

Desired Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

Name "dba" _____ (if applicable)

Corporation _____

Partnership _____

Individual _____

Other _____

2. Business (physical) Address: _____

3. Mailing address: _____

4. Web Site Address: _____

5. Are you the owner of this business location? Yes No

If no, does owner of premises need to be named as additional insured? Yes No

If yes, please provide owner's complete name. _____

6. Description of Operation: _____

7. Please check those items below that are part of your repair operation:

	% 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"/> Motor Homes	_____	<input type="checkbox"/> Trucks or Truck Tractors	_____
<input type="checkbox"/> Farm Equipment or Implement Dealer	_____	<input type="checkbox"/> Propane Conversions	_____
<input type="checkbox"/> Mobile Homes	_____	<input type="checkbox"/> LPG Systems	_____
<input type="checkbox"/> Buses	_____	<input type="checkbox"/> Lift Kit (suspension) Installation/Sales	_____
<input type="checkbox"/> Private Passenger Vehicles, SUVs, and Light Trucks	_____	<input type="checkbox"/> Contractor's Equipment	_____
		<input type="checkbox"/> Other	_____

8. What percentage of repair is performed at a location other than that listed in item 2 above? _____ %

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' INSURANCE EXPERIENCE

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been declined, cancelled or non-renewed for this kind of insurance? 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
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(b) What is estimated net worth of the business? _____ (c) Gross receipts last year? _____

14. Has this business entity ever filed for bankruptcy? Yes No

Date filed _____ Date released _____

15. Do you ever engage in the sale of autos? Yes No If yes, _____% of operation.

16. Do you accept vehicles on consignment? Yes No If yes, _____% of operation.

If yes, is value of consigned autos included in garagekeepers limit? Yes No

Please enclose copy of current consignment agreement.

17. Plates held by Applicant: Dealer Transporter
 Repairer Other _____

List Plate Identification Numbers assigned by the state: _____

Are plates attached to owned vehicles? Yes No Describe _____

Are plates attached to tow trucks? Yes No Describe _____

COVERAGE INFORMATION

18. **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 (Property Damage Liability subject to \$100 deductible completed operations)	\$ _____ \$ (Combined Single Limit)	\$ _____ (Maximum Aggregate Limit - 2 million)

List All Locations To Be Covered for bodily injury and property damage liability

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

II. MEDICAL PAYMENTS

Premises Medical Payments (per person) Choose Limit : \$500 \$750 \$1,000 \$2,000 \$5,000

III. UNINSURED/UNDERINSURED MOTORISTS

**APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE
 SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE
 NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

IV. GARAGEKEEPERS COVERAGE

NOTE: In tow or on hook coverage is excluded from garagekeepers coverage

SPECIFIED PERILS and Collision **OR** COMPREHENSIVE and Collision (available on Direct Primary basis only)

(pick one of the following)

- Legal Liability
- Direct Primary

GARAGEKEEPERS DEDUCTIBLE: \$500 deductible per auto
 \$1,000 deductible per auto
 \$2,500 deductible per auto
 \$5,000 deductible per auto

19. List All Business Locations To Be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

20. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

Check desired coverages for scheduled autos and/or plates:

- Liability (Must match the garage liability limit)
- UM Limit (policy level) \$ _____
- Medical Payments Limit (Must match the garage medical payments limit)
- Physical Damage (select type for each unit on which coverage is desired)
 - Unit #1: Specified Perils/Collision **OR** Comprehensive/Collision
 - Unit #2: Specified Perils/Collision **OR** Comprehensive/Collision
 - Unit #3: Specified Perils/Collision **OR** Comprehensive/Collision

Is intow desired? Which units? _____

Intow limit: _____ Intow deductible: _____

RATING INFORMATION

21. OWNER & EMPLOYEE INFORMATION (Include Independent Contractors)

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State where licensed	Drivers License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

UNDERWRITING INFORMATION

22. Is the operation in question 6 your primary operation? If not, explain. _____ 22. Yes No
23. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? 23. Yes No
24. (a) Do you sell tires?
_____ % of Receipts New Tires _____ % Used Tires _____ %
(b) Do you recap or retread tires? (b) Yes No
25. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation. 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, _____ % of operation. 28. Yes No
29. Do you weld gas tanks? 29. Yes No
30. Do you repossess autos? 30. Yes No
31. Do you sell parts?
Gross Receipts from Parts Sold but not Installed: _____
 Used Parts _____ % New Parts _____ %
31. Yes No
32. Do you have automatic car washes on location? (\$500 deductible applies) 32. Yes No
33. (a) Do you spray paint at your business location? 33. (a) Yes No
(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) Yes No
34. What percentage of your work involves the following?
Autobody repair/Painting _____ % Sound System _____ % Window Tint _____ %
Tune up _____ % Tires _____ % Wash/Detail _____ %
Oil & Lube _____ % Upholstery _____ %
Other (describe) _____ % _____
35. (a) Do you loan autos to customers? 35. (a) Yes No
(b) Do you lease autos (including PPTs, trucks, motorcycles, ATVs, etc.)? (b) Yes No
36. Do you rent autos to customers while their units are left for service repair? 36. Yes No
37. Do you furnish autos to anyone? 37. Yes No
38. Do you sponsor any racing events? 38. Yes No
39. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 39. Yes No
40. Do you pick up or deliver customers' autos? 40. Yes No
41. **PREMISES**
- Are customers' autos stored in building(s)? 41. Yes No
If no, describe lot (e.g. fenced, lighted, etc.) _____
- Are keys locked when stored after hours? Yes No
- Where are keys kept? Explain _____
- Are customers permitted in the service area? Yes No
- How many service bays do you have? _____ Any service pits? If so, how many? _____
- 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, to whom? _____ Yes No
- Is your operation located at your private residence? Yes No
If yes, do you have homeowners or renters insurance? Yes No

SELECTION OF LIMITS FOR UNINSURED/UNDERINSURED MOTORISTS COVERAGE (Virginia)

Virginia Insurance Code Section 38.2-2206 provides that policies of insurance which provide bodily injury or property damage liability insurance relating to the ownership, maintenance or use of a motor vehicle issued or delivered in the Commonwealth of Virginia must provide Uninsured motor vehicle coverage in limits not less than \$25,000 because of bodily injury to or death of one person in any one accident and \$50,000 because of bodily injury to or death of two or more persons in any one accident, and \$20,000 because of injury to or destruction of property of others in any one accident. Such policies must also provide coverage for bodily injury or property damage caused by the operation or use of an Underinsured motor vehicle.

Under Virginia law, the limits of Uninsured/Underinsured motorist coverage must equal the limits of the liability insurance provided by your policy unless additional coverage is rejected by any one named insured. Therefore, if you purchase liability insurance in amounts greater than the state mandated minimum limits of \$25,000/50,000/20,000, your Uninsured/Underinsured motorist coverage limits will equal these greater limits.

If you purchase liability insurance limits in excess of \$25,000/50,000/20,000 you may reject the increased limits of Uninsured/Underinsured motorist coverage. If you reject the increased limits of Uninsured/Underinsured motorist coverage you must at a minimum purchase the state-mandated limits of \$25,000/50,000/20,000. You may also choose to purchase Uninsured/Underinsured motorist coverage limits in excess of the state-mandated minimum amount yet less than your liability insurance limits. Ask your producer for coverage limits offered.

The rejection of the additional limits of Uninsured/Underinsured motorist insurance by any one named insured is binding on all insureds under such policy.

In accordance with the Virginia law, the undersigned insured (and each of them):

(Applicable item marked (x))

Selects Uninsured/Underinsured motor vehicle coverage limits in the amount of \$25,000/50,000/20,000. These are the lowest coverage limits which may be purchased by law.

Selects Uninsured/Underinsured motor vehicle coverage limits which are **lower** than the liability limits under the policy but higher than the state-mandated minimum limits. Selected limits for Uninsured/Underinsured motorist coverage are:

(Enter limits if a separate limit of liability applies)

\$ _____ Bodily Injury each person
\$ _____ Bodily Injury each accident
\$ _____ Property Damage each accident

(Enter limit if a single limit of liability applies)

\$ _____ Each accident

MEDICAL EXPENSE AND INCOME LOSS BENEFITS SELECTION

Medical Expense Benefits - Choose one:

Reject
 Accept If accepting, choose one: \$500 \$1000 \$2000 \$5000

Income Loss Benefits - Choose one:

Reject
 Accept

I have indicated my choice above ("X" indicates my choice):

Signature of Insured

Signature of Insured

Date

Policy Number

(Until you advise us otherwise in writing, your choices, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any Scheduled Autos.)

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of the Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

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.

Witness _____ Applicant's Signature _____ Date _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? Yes If not, explain _____

Is this new business to your office? Yes If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote

Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

Applicant's Representative's Name and Address _____ Phone No. _____