

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"/> Lift Kit (suspension) Installation/Sales	_____	<input type="checkbox"/> Contractor's Equipment	_____
<input type="checkbox"/> Other _____	_____		
9. What percentage of your business is mobile repair? _____ %
10. Person to contact: For Inspection (Name & Phone Number) _____
 For Accounting Records (Name & Phone Number) _____
11. Current management has controlled business since _____ (year) and has been in this type of business since _____ (year)
12. Is this a new venture? Yes No

13. (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 _____

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

16. Are you involved in any auto sales? Yes No If yes, % _____
17. Do you take vehicles on consignment? Yes No If yes, % _____
 If yes, is value of consigned autos included in garagekeepers limit? Yes No
18. 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 _____

19. 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: _____

20. 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					

21. EMPLOYEE INFORMATION (Include Independent Contractors)

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

**22. 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 _____
- Physical Damage

UNDERWRITING INFORMATION

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

37. 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

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 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 this 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 _____

Witness

Applicant's Signature

Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

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

Is this new business to your office? _____ 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.