

AUTO SERVICE RISKS SUPPLEMENTAL APPLICATION (Attach to ACORD Applications)

1. Applicant's Name: _____
2. Applicant's Address: _____
City: _____ State: _____ Zip Code: _____
3. Limits and Deductible Requested:

Limits of Liability		
General Aggregate		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury		\$
Each Occurrence		\$
Fire Damage (any one fire)		\$
Medical Expenses (any one person)		\$
Non-Owned Auto Liability	# of Employees	\$
Deductible		\$

4. Schedule of Hazards:

Loc. No.	Description of Operations	Class Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others

Private Passenger Autos (including pickups & vans) _____% Motorcycles/Snowmobiles _____% Boats _____% Motor Homes/Utility Trailers/Campers _____% Truck Tractors/Trailers/Semi-Trailers/5 th Wheels _____% Farm Machinery/Contractors Equipment _____% Other ~ Describe: _____% 100%	Total Annual Gross Receipts from: Repair \$ _____ Tow Truck Operation \$ _____ Other \$ _____ Tire Sales \$ _____ Total Receipts: \$ _____
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5. Physical Damage to Customers' Autos:

Direct Primary Coverage for Loss or Damage to Customers'

OR

Legal Liability Coverage for Loss or Damage to Customers' Autos

Premises:

	Address	Limit	Deductible
Premises 1		\$ _____	\$ _____
Premises 2		\$ _____	\$ _____
Premises 3		\$ _____	\$ _____

Tow Trucks:

	Tow Trucks Described Below Designate Individual Premises			Premise Limit and Deductible	
	Year	Make and Model	VIN	Limit	Deductible
1.				\$ _____	\$ _____
2.				\$ _____	\$ _____
3.				\$ _____	\$ _____
4.				\$ _____	\$ _____

A. Please Answer All Questions:

1. Do you modify vehicles for:

Style? Yes No

Performance? Yes No

Handling Characteristics? Yes No

2. Do you install trailer hitches? Yes No

If "Yes," advise percentage of total sales for hitch installation or repair: _____ %

3. Do you perform any welding? Yes No

If "Yes," explain: _____

4. Do you install or repair butane, propane or liquid petroleum systems? Yes No

5. Do you conduct any spray painting operations? Yes No

If "Yes," do you have an OSHA or NFPA approved spray booth? Yes No

If you do not have one of the above listed spray booths, explain extent of spray painting operations:

6. Do you recap any tires? Yes No

7. Indicate the number of license plates you have:

Dealers: _____ Regular: _____ Transporter: _____ Other: _____

8. Do you pick up or deliver automobiles? Yes No

If "Yes," indicate radius in miles: 50 mi. _____% 50-200 mi. _____% over 200 mi. _____%

9. Do you repossess autos? Yes No

Are you towing for these entities under contract? Yes No

10. For wreckers/tow trucks: type of vehicles towed? _____

11. Do you engage in any dismantling/salvage or rebuilding autos? Yes No

If "Yes," please explain in C below.

12. Where are keys to autos kept at night? _____

Where are keys to autos kept during business hours? _____

13. Are autos kept: Inside _____% Outside _____%

Premises Alarmed? Yes No If Yes, type of Alarm _____

If autos are kept inside, indicate age, construction and condition of building:

If autos are kept outside, is your 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: _____

14. Is the parking area lighted at night? Yes No

15. Do you employ a guard while business is closed? Yes No

B. Employee and Driver Information

Complete the information below for ALL employees:

	Name	Drivers License Number	Date of Birth	Date of Hire	Number of years experience	Indicate if Tow Truck Operator
1						
2						
3						

4						
5						
6						
7						
8						
9						
10						

C. Previous Carrier and Loss Information (current and previous 3 years):

Check if no losses last 3 years.

Year	Company	Coverage	Premium	Date of Loss	Losses Paid/ Reserved	Description of Loss

Applicant Signature & Date

Producer Name & Address