

Auto Service Risk Multi-Location Addendum

Applicant Name: _____

6. Personnel Rating Information - Location :

1. Please list the **total** number of active, **Owners** or **Officers** or **Partners** _____
2. Please list the **Mechanics, Clerical, Drivers** and others who work at this Location (Do not count Owners or Officers or Partners again). _____

Full Time

Part Time

7. Location Information - Location :

(For each additional location, use

1. Please provide the following information for this Location: **"AUTO SERVICE RISK Multi-Location Addendum"**

A. Is this Location address the same as the Applicant's Mailing Address?: _____ ☐ Yes ☐ No

- If "No", please state the physical address where operations take place:

Street Address: _____

Unit No.: _____

City: _____

State: _____

Zip Code: _____

B. Is this Location RENTED/LEASED? _____ ☐ Yes ☐ No

C. Is the **landlord** for this Location to be named as an **Additional Insured**? _____ ☐ Yes ☐ No

- If 'Yes', please provide the following Landlord information:

Landlord Name: _____

Street Address: _____

Unit No.: _____

City: _____

State: _____

Zip Code: _____

2. Are there any large cracks or potholes in the pavement of the Location? _____ ☐ Yes ☐ No

3. Are there any open or obvious slip/trip and fall hazards at the Location? _____ ☐ Yes ☐ No

4. Does the Applicant keep any guard dogs or pets at the Location? _____ ☐ Yes ☐ No

5. Does anyone live at the Location? _____ ☐ Yes ☐ No

6. Are there any underground tanks at the Location? _____ ☐ Yes ☐ No

7. Are the windows at the Location protected with bars or grates? _____ ☐ Yes ☐ No

8. Is the Location fully chained or fenced? _____ ☐ Yes ☐ No

9. Are there deadbolt locks on the doors at the Location? _____ ☐ Yes ☐ No

10. Is the Location lot lighted at night when closed for business? _____ ☐ Yes ☐ No

11. What is the MAXIMUM number of vehicles at the Location lot at any one time? _____

12. Where are inventory vehicles kept:

- During business hours? _____

- During non-business hours including nighttime? _____

13. Is the Location fully chained or fenced? _____

14. How many years has the Applicant been at this Location? _____

8 Coverage Information: Location No.:

° 8 °

Garage Liability	Aggregate	Liability Deductible	Medical Pay
Completed Operations	Pollution	Damage to Rented Premises	Liability Endorsements

B 8 Keepers

Limit of Liability	All Perils Deductible	Garage Keepers Type
--------------------	-----------------------	---------------------

9. A. Property Coverage: Location No.:**Building No.**

(Note: each building at the Location must be separately disclosed and rated)

Coverage	Limits	Cause of Loss	Deductible	
Building:		}		Bldg. Construction:
Contents:				Bldg. Sq. Footage: Sq. ft.
Bus. Income:				Bldg. Const. Year:
Outdoor Signs:				Number of stories:
				Central Station Alarm: <input type="radio"/> Yes <input type="radio"/> No
				Location Fully Fenced: <input type="radio"/> Yes <input type="radio"/> No
				Fence Type

B. Property Coverage - General Information: Location No.:

- Required Protection Class
- Does the Building have a wood shake roof? _____ ☐ Yes ☐ No
- Are there any fire hazards (gas pumps, OPEN fuel containers) at Location? _____ ☐ Yes ☐ No
- Are there operable and tagged fire extinguishers mounted and easily available in the Building? _____ ☐ Yes ☐ No
- Are there "No Smoking" signs clearly posted where combustibles are stored in the Building? _____ ☐ Yes ☐ No
- Is there an automatic sprinkler system in the Building? _____ ☐ Yes ☐ No
- Are there smoke or fire alarms in the Building? _____ ☐ Yes ☐ No
- What is the condition of the Building? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
- What is the condition of the neighborhood? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
- Date of last upgrades to the following:

Wiring	Heating	Plumbing	Roof
--------	---------	----------	------

(Please indicate the month and year (mm/yy))

C. Additional Interests in Property:

Check if there are NO additional interests in the Property:

Interest No 1: Location No.:

Description of Interest	Address		
	Name:		
Reference/Loan No.	Street:		
	City:	State:	Zip:

Interest No 2: Location No.:

Description of Interest	Address		
	Name:		
Reference/Loan No.	Street:		
	City:	CA	Zip:

10. Scheduled Vehicles Location No.:**VEHICLE NO. 1**

Year:	Make:	Model:	VIN:
Radius:	Cost New:	Body Type:	License No.:
COVERAGES			
Liability Limits	Liability Deductible	Comp. & Collision	
Comp. & Collision Deductible	Med Pay	UMBI	

VEHICLE NO. 2

Year:	Make:	Model:	VIN:
Radius:	Cost New:	Body Type:	License No.:
COVERAGES			
Liability Limits	Liability Deductible	Comp. & Collision	
Comp. & Collision Deductible	Med Pay	UMBI	

VEHICLE NO. 3

Year:	Make:	Model:	VIN:
Radius:	Cost New:	Body Type:	License No.:
COVERAGES			
Liability Limits	Liability Deductible	Comp. & Collision	
Comp. & Collision Deductible	Med Pay	UMBI	