



INSYST | Insurance Systems & Solutions, Inc.  
303 Broadway St., No. 104-148  
Laguna Beach, CA 92651  
Tel (949) 313-7808  
underwriting@insystinsurance.com  
www.insystinsurance.com  
Cal. License No. OK64510

## Insurance Application for *California* AUTO SERVICE Risk - One Location

*This Application must be completed by the company owner, authorized principal or designee ("Applicant") on behalf of the entity for whose benefit insurance is being requested.*

### 1. Producer Contact Information

Producer Name:

Contact:

Email:

Phone:

Ext.

Website:

### 2. Applicant Contact Information

Applicant Name:

dba(s):

Business Form:

FEIN/SSN:

Mailing Address:

Unit No.:

City:

State:

Zip:

Contact:

Phone:

Ext.

Email:

Website:

Is this address where the Applicant also conducts garage operations? Yes No

### 3. Insurance History

List all insurance policies carried over the past three (3) years, if applicable:

*(Start with expiring (or most recent) policy)*

Check if no prior insurance:

Requested Effective Date:

Exp. Date	Carrier Name	Policy No.	Liability Limit	Premium
			\$	\$
			\$	\$
			\$	\$

### 4. Loss/Claim History

Check if no prior claims:

Date of Loss	Description of Loss	Amount Paid	Status
		\$	
		\$	
		\$	

Notes:

## 5. General Operations Information:

1. How many years has the Applicant owned this business? \_\_\_\_\_
2. How many years in the industry? \_\_\_\_\_
3. Does the Applicant check MVRs on new hires? \_\_\_\_\_ ☐ Yes ☐ No
4. Does the Applicant carry workers compensation insurance? \_\_\_\_\_ ☐ Yes ☐ No
5. Does the Applicant own or use a tow truck in this business? \_\_\_\_\_ ☐ Yes ☐ No
  - a. If "Yes", does the Applicant perform contract towing? \_\_\_\_\_ ☐ Yes ☐ No
  - b. If "Yes", does the Applicant tow only incidental to the service/repair business? \_\_\_\_\_ ☐ Yes ☐ No
6. Does the Applicant own or use a car hauler/trailer? \_\_\_\_\_ ☐ Yes ☐ No
  - a. If "Yes", what is the car hauler/trailer vehicle capacity? \_\_\_\_\_ ☐ Yes ☐ No
7. Does the Applicant loan vehicles to any person or entity? \_\_\_\_\_ ☐ Yes ☐ No
8. If "Yes", please describe to whom and the reason why vehicles are loaned? \_\_\_\_\_ ☐ Yes ☐ No
  
9. Does the Applicant rent or lease vehicles to anyone? \_\_\_\_\_ ☐ Yes ☐ No
10. Is the Applicant engaged in any other business besides this business? \_\_\_\_\_ ☐ Yes ☐ No
  - a. If "Yes", please describe the business: \_\_\_\_\_
  
11. Does the Applicant allow anyone to take customer cars for personal use? \_\_\_\_\_ ☐ Yes ☐ No
12. Does the Applicant sell, service repair or maintain any racing vehicles? \_\_\_\_\_ ☐ Yes ☐ No
13. Does the Applicant modify vehicles not in accordance to manufacturers specifications? \_\_\_\_\_ ☐ Yes ☐ No
14. Does the Applicant modify vehicles by installing lift kits? \_\_\_\_\_ ☐ Yes ☐ No
15. Does the Applicant use a non-approved spray booth? \_\_\_\_\_ ☐ Yes ☐ No
16. Does the Applicant repair vehicles in excess of 20,000 lbs. gross vehicle weight? \_\_\_\_\_ ☐ Yes ☐ No
17. Is the Applicant or any owner, officer or employee under the age of 21? \_\_\_\_\_ ☐ Yes ☐ No
18. Does the Applicant keep all vehicle keys in a **locked safe** or take them home every night? \_\_\_\_\_ ☐ Yes ☐ No
19. Does the Applicant sell or install used tires? \_\_\_\_\_ ☐ Yes ☐ No
20. Does the Applicant read and speak English? \_\_\_\_\_ ☐ Yes ☐ No
  - a. If "No", does someone translate insurance documents for the Applicant? \_\_\_\_\_ ☐ Yes ☐ No
21. Does the Applicant dispose of oil, solvents and similar material in an approved fashion? \_\_\_\_\_ ☐ Yes ☐ No
22. Please describe the type of vehicle that the Applicant normally services: \_\_\_\_\_
23. Does the Applicant specialize in the service of any particular make or model? \_\_\_\_\_ ☐ Yes ☐ No
  - a. If "Yes", please describe: \_\_\_\_\_
24. What percentage of the Applicant's gross receipts are from the sale/service/repair of the following:

Autos	Light Trucks	Large Trucks	Motor Homes	Motorcycles	TOTAL
%	%	%	%	%	= 100%

**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
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**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
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(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	

**11. Agreement of Insurance Applicant**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Program Reauthorization Act of 2015 (Pub. L. 114-1, 129 Stat. 3) [TRIPRA 2015], that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an Individual or individuals acting on behalf of any person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United State Government by coercion. Coverage under your existing policy may be affected as follows:

ANY IN-FORCE TERRORISM EXCLUSIONS FOR ACTS OF TERRORISM, AS DEFINED IN THE ACT ALREADY CONTAINED IN YOUR POLICY OR INCLUDED IN AN ENDORSEMENT ARE NULLIFIED AS OF NOVEMBER 26, 2002.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 90% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

[X] I hereby elect to have the exclusion for terrorism coverage reinstated. I understand that **I will have no coverage** for losses arising from acts of terrorism that were previously excluded

\_\_\_\_\_  
Policy Holder/Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Signature

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## 12. Agreement of Insurance Applicant

### REJECTION OF ALL UNINSURED/UNDERINSURED MOTORIST COVERAGE

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

I SELECT **\$60,000** of Uninsured/Underinsured Motorist Coverage.

I SELECT **\$30,000** of Uninsured/Underinsured Motorist Coverage.

I WAIVE Uninsured/Underinsured Motorist Coverage entirely.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### 13. Agreement of Insurance Applicant

(This document MUST be read and fully understood by the Applicant prior to signature.)

Applicant Name: \_\_\_\_\_  
dba(s): \_\_\_\_\_ ("Applicant")

1. I fully understand and agree that absolutely NO INSURANCE coverage whatsoever is applied for other than the insurance coverage that I have requested in this Application. I further understand and agree that absolutely NO INSURANCE coverage is effective until such insurance coverage is accepted and bound by the insurance company and payment is made for such insurance.
2. I understand, agree and warrant that all of the information provided by me and my insurance broker in this Application (as well as any information provided by either me or my broker that is related to this Application) is true and correct. I further understand and agree that if any of the information provided in this Application is not true then any and all insurance coverage will be void from the effective date of the insurance coverage.
3. I also fully understand and agree that if any of the information provided to the insurance company in this Application (as well as any information provided by either me or my broker that is related to this Application) turns out to be false, my insurance policy may be canceled or rescinded at any time at the option of the insurance company.
4. I also fully understand and agree that this insurance is NOT meant to cover to any driver under 21 years of age and that drivers under 21 years of age ARE EXCLUDED FROM COVERAGE under the insurance, even if I hire or utilize the services of anyone under the age of 21.
5. I have read and understood this entire Application as well as the statements made in this Application. I read and understand English.
6. All of the statements in this Application are EXPRESS WARRANTIES made by me, the Applicant, and relate to the past, present or future. The Application is attached and is fully incorporated into the policy of insurance.
7. My signature below authorizes any and all of my prior insurance companies to release all of my prior insurance and claims information to INSYS Insurance Systems and Solutions, Inc. on behalf of the insurance company upon presentation of a copy of this Agreement.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### 14. Agreement of Insurance Broker

1. I warrant that all of the information contained in this Application was obtained from the Applicant after I asked the Applicant for the information.
2. I understand and agree that any and all unsigned Applications will be refused for binding and that no insurance coverage will be in force.
3. I understand and agree that no coverage is bound until such time as I receive written confirmation of binding and an assigned policy number.

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_