



Repair And Service Operations Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125), or OTHER SIMILAR APPLICATION.

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____
Web Address _____
Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact: _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

NATURE OF YOUR BUSINESS

Repair Shop Body Shop Gas Station Parking Facility Other _____

UNDERWRITING INFORMATION

1. How many years of experience do you have in this field? _____

2. How many autos do you own? _____

3. Are autos stored inside a building? Yes No
If yes, does building have? Sprinklers Alarm
What is the building construction? _____ What is the protection class? _____

4. If autos are stored outside, describe lot. Standard Non-Standard Un-Fenced

Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended.

Non-standard open lots are all other open lot locations, or unroofed space and buildings not securely enclosed and locked when unattended.

5. What precautions are taken to prevent theft or vandalism damage to the following:
a. Customers' Autos _____
b. Employees' Tools _____

6. Are used rags stored in a metal container and picked up daily? Yes No

7. Verify "no smoking" is allowed in shop. _____

8. Verify all paint is stored in metal cabinets. _____

9. Does applicant have a sign posted in the customer reception / waiting area stating applicant assumes no liability for any items left inside vehicles left for service or repair? Yes No

10. What controls are in place for the keys? Describe. _____

11. Is a standard automotive work order used? Yes No

UNDERWRITING INFORMATION (CONTINUED)

EXPLAIN ALL "YES" RESPONSES

Do You

- 1. Have Commercial Auto insurance for all owned, non-owned and hired autos? Yes No
- 2. Have any dealer plates or transfer tags? Yes No
- 3. Have a dealer's license? Yes No
- 4. Have signs posted restricting customers from entering work areas? Yes No
- 5. Conduct structural alterations or frame straightening? Yes No
If yes, complete Frame Straightening Supplemental Application, S320FRs.
- 6. Engage in any other operations? If yes, specify below Yes No
- 7. Engage in auto dismantling or salvage operations? Yes No
- 8. Engage in split rim work? Yes No
- 9. Have any security guards? Yes No
Are they employees? Yes No
Are they subcontractors? Yes No
If they are subcontractors, do you obtain certificates of insurance? Yes No
- 10. Have guard dogs? Yes No
If yes, are they confined during business hours? Yes No
- 11. Have underground storage tanks? Yes No
- 12. Install or repair trailer hitches? Yes No
If yes, are they pre-manufactured? Yes No
Will you custom fabricate and install trailer hitches? Yes No
- 13. Modify vehicles for performance, style or handling characteristics? Yes No
- 14. Own or operate tank trucks? Yes No
- 15. Rent, lease or loan vehicles, machinery or equipment to others? Yes No
From others? Yes No
- 16. Repossess vehicles? Yes No
- 17. Sell any used parts? Yes No
- 18. Sell or distribute butane, propane or other liquefied gas? Yes No
- 19. Sell recaps? Yes No
- 20. Sell used tires? Yes No
- 21. Sponsor or own any race cars? Yes No
- 22. Sponsor sporting or social events? Yes No
- 23. Have any special hazards on premises (i.e. Cooking, flammables, woodworking, etc)? Yes No
- 24. Operate a tow truck service for hire? Yes No
- 25. Provide valet parking services? Yes No
- 26. Operate a storage / impound lot? Yes No

Explain. _____

UNDERWRITING INFORMATION (CONTINUED)

INDICATE WHAT PERCENTAGE OF THE FOLLOWING OPERATIONS YOU PERFORM

- 1. Auto mechanical repair % Sales ___% Repair
- 2. Auto parts sales % Sales ___% Repair
- 3. Boats, jet skis or other water craft % Sales ___% Repair
- 4. Body painting or repair % Sales ___% Repair
- 5. Brake work % Sales ___% Repair
- 6. Farm or heavy equipment % Sales ___% Repair
- 7. Gasoline or diesel sales % Sales ___% Repair
- 8. Foreign sports cars, classic autos, antique autos or fiberglass body autos..... % Sales ___% Repair
- 9. Grocery or liquor sales % Sales ___% Repair
- 10. Late model used automobiles and light trucks % Sales ___% Repair
- 11. Mobile homes, motor homes or other recreational vehicles % Sales ___% Repair
- 12. Motorcycles, ATV's etc..... % Sales ___% Repair
- 13. Trucks, tractors, trailers (Complete Truck & Heavy Truck Supplemental Application, S320TR) ... % Sales ___% Repair
- 14. Vehicles where the frame or body is modified, e.g., van conversions, etc % Sales ___% Repair
- 15. Other _____ % Sales ___% Repair

Remarks _____

REQUESTED COVERAGE & LIMITS

COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE LIMIT	_____	PER CLAIM DEDUCTIBLE
	PRODUCTS/COMPLETED OPERATIONS	_____	\$ _____ BI
	PERSONAL/ADVERTISING INJURY	_____	\$ _____ PD
	EACH OCCURRENCE	_____	
	DAMAGE TO PREMISES RENTED TO YOU	_____	
	PREMISES MEDICAL PAYMENTS	_____	

REPAIR & SERVICE OPERATIONS LEGAL LIABILITY	Loc. 1	PER AUTO	PER LOCATION	DEDUCTIBLE
	SPECIFIED CAUSES OF LOSS	\$ _____	\$ _____	\$ _____ PER AUTO \$ _____ MAX PER LOSS
	COLLISION	\$ _____	\$ _____	\$ _____ PER AUTO \$ _____ MAX PER LOSS

REPAIR & SERVICE OPERATIONS LEGAL LIABILITY	Loc. 2	PER AUTO	PER LOCATION	DEDUCTIBLE
	SPECIFIED CAUSES OF LOSS	\$ _____	\$ _____	\$ _____ PER AUTO \$ _____ MAX PER LOSS
	COLLISION	\$ _____	\$ _____	\$ _____ PER AUTO \$ _____ MAX PER LOSS

REPAIR & SERVICE OPERATIONS LEGAL LIABILITY	Loc. 3	PER AUTO	PER LOCATION	DEDUCTIBLE
	SPECIFIED CAUSES OF LOSS	\$ _____	\$ _____	\$ _____ PER AUTO \$ _____ MAX PER LOSS
	COLLISION	\$ _____	\$ _____	\$ _____ PER AUTO \$ _____ MAX PER LOSS

MISCELLANEOUS TOOLS – IM (VALUE OF \$1,500 OR LESS) \$1,000 DEDUCTIBLE	TOOL DESCRIPTION	LIMIT PER ITEM (MAXIMUM POLICY LIMIT: \$10,000)
	Attach a separate sheet, if needed.	

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date