

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## 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**

<b>Commercial General Liability</b>	<b>General Aggregate Limit</b>	_____	<b>Per Claim Deductible</b>
	<b>Products/Completed Operations</b>	_____	\$ _____ BI
	<b>Personal/Advertising Injury</b>	_____	\$ _____ PD
	<b>Each Occurrence</b>	_____	
	<b>Damage to Premises Rented to You</b>	_____	
	<b>Premises Medical Payments</b>	_____	

<b>Repair &amp; Service Operations Legal Liability</b>	<b>Loc. 1</b>	<b>Per Auto</b>	<b>Per Location</b>	<b>Deductible</b>
	<b>Specified Causes of Loss</b>	\$ _____	\$ _____	\$ _____ Per Auto \$ _____ Max Per Loss
	<b>Collision</b>	\$ _____	\$ _____	\$ _____ Per Auto \$ _____ Max Per Loss

<b>Repair &amp; Service Operations Legal Liability</b>	<b>Loc. 2</b>	<b>Per Auto</b>	<b>Per Location</b>	<b>Deductible</b>
	<b>Specified Causes of Loss</b>	\$ _____	\$ _____	\$ _____ Per Auto \$ _____ Max Per Loss
	<b>Collision</b>	\$ _____	\$ _____	\$ _____ Per Auto \$ _____ Max Per Loss

<b>Repair &amp; Service Operations Legal Liability</b>	<b>Loc. 3</b>	<b>Per Auto</b>	<b>Per Location</b>	<b>Deductible</b>
	<b>Specified Causes of Loss</b>	\$ _____	\$ _____	\$ _____ Per Auto \$ _____ Max Per Loss
	<b>Collision</b>	\$ _____	\$ _____	\$ _____ Per Auto \$ _____ Max Per Loss

**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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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.

**Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Application Forms: 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.

### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

### **New Jersey**

Application Forms: 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.

### **Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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 subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date