

# Automobile Service Operations Application

Desired Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

## GENERAL INFORMATION

1. Named Insured Information (please select one):

	Name	“dba” (if applicable)
<input type="checkbox"/> Corporation	_____	_____
<input type="checkbox"/> Partnership	_____	_____
<input type="checkbox"/> Individual	_____	_____
<input type="checkbox"/> Other	_____	_____

2. Business (physical) Address: \_\_\_\_\_

3. Mailing address: \_\_\_\_\_

4. Web Site Address: \_\_\_\_\_

5. Are you the owner of this business location?  Yes  No

If no, does owner of premises need to be named as additional insured?  Yes  No

If yes, please provide owner's complete name. \_\_\_\_\_

6. Description of Operation: \_\_\_\_\_

7. Please check those items below that are part of your repair operation:

	% of Operation		% of Operation
<input type="checkbox"/> Motorcycles	_____	<input type="checkbox"/> Boats	_____
<input type="checkbox"/> All Terrain Vehicles	_____	<input type="checkbox"/> Utility Trailers, Semi-Trailers, Trailers	_____
<input type="checkbox"/> Motor Homes	_____	<input type="checkbox"/> Trucks or Truck Tractors	_____
<input type="checkbox"/> Farm Equipment or Implement Dealer	_____	<input type="checkbox"/> Propane Conversions	_____
<input type="checkbox"/> Mobile Homes	_____	<input type="checkbox"/> LPG Systems	_____
<input type="checkbox"/> Buses	_____	<input type="checkbox"/> Lift Kit (suspension) Installation/Sales	_____
<input type="checkbox"/> Private Passenger Vehicles, SUVs, and Light Trucks	_____	<input type="checkbox"/> Contractor's Equipment	_____
		<input type="checkbox"/> Other	_____

8. What percentage of repair is performed at a location other than that listed in item 2 above? \_\_\_\_\_%

9. Person to contact:

For Inspection (Name & Phone Number) \_\_\_\_\_

For Accounting Records (Name & Phone Number) \_\_\_\_\_

10. Current management has controlled business since \_\_\_\_\_ (year) and has been in this type of business since \_\_\_\_\_ (year)

11. Is this a new venture?  Yes  No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been declined, cancelled or non-renewed for this kind of insurance?  Yes  No

If yes, explain. \_\_\_\_\_

(c) Are you aware of any facts or past incidents, circumstances, or situations which could give rise to a claim under the insurance coverage sought in this application?  Yes  No

If yes, provide complete details. \_\_\_\_\_

13. (a) List major owners/shareholders/management:

Name	Years with Company	% of Ownership
_____	_____	_____
_____	_____	_____

(b) What is estimated net worth of the business? \_\_\_\_\_ (c) Gross receipts last year? \_\_\_\_\_

14. Has this business entity ever filed for bankruptcy?  Yes  No

Date filed \_\_\_\_\_ Date released \_\_\_\_\_

15. Do you ever engage in the sale of autos?  Yes  No If yes, \_\_\_\_\_% of operation.

16. Do you accept vehicles on consignment?  Yes  No If yes, \_\_\_\_\_% of operation.

If yes, is value of consigned autos included in garagekeepers limit?  Yes  No

Please enclose copy of current consignment agreement.

17. Plates held by Applicant:  Dealer  Transporter  
 Repairer  Other \_\_\_\_\_

List Plate Identification Numbers assigned by the state: \_\_\_\_\_

Are plates attached to owned vehicles?  Yes  No Describe \_\_\_\_\_

Are plates attached to tow trucks?  Yes  No Describe \_\_\_\_\_

### **COVERAGE INFORMATION**

18. **Limits of Liability and Coverage(s) Requested (Check desired coverage and insert limits)**

**I. LIABILITY**

	Each Accident	Aggregate (Garage operations only)
<input type="checkbox"/> Bodily Injury & Property Damage Liability	\$ _____	\$ _____
(Property Damage Liability subject to \$100 deductible completed operations)	(Combined Single Limit)	(Maximum Aggregate Limit - 2 million)

**List All Locations To Be Covered for bodily injury and property damage liability**

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

**II. MEDICAL PAYMENTS**

Premises Medical Payments (per person) Choose Limit :  \$500  \$750  \$1,000  \$2,000  \$5,000

**III. UNINSURED/UNDERINSURED MOTORISTS**

**APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE  
SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE  
NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

**IV. GARAGEKEEPERS COVERAGE**

NOTE: In tow or on hook coverage is excluded from garagekeepers coverage

SPECIFIED PERILS and Collision **OR**  COMPREHENSIVE and Collision (available on Direct Primary basis only)

(pick one of the following)

Legal Liability

Direct Primary

GARAGEKEEPERS DEDUCTIBLE:  \$500 deductible per auto  
 \$1,000 deductible per auto  
 \$2,500 deductible per auto  
 \$5,000 deductible per auto

**19. List All Business Locations To Be Covered for Garagekeepers Coverage**

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

**20. AUTOS USED IN CONNECTION WITH GARAGE OPERATION**

**(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)**

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

**Check desired coverages for scheduled autos and/or plates:**

- Liability (Must match the garage liability limit)
- UM Limit (policy level) \$ \_\_\_\_\_
- Medical Payments Limit (Must match the garage medical payments limit)
- Physical Damage (select type for each unit on which coverage is desired)
  - Unit #1:  Specified Perils/Collision **OR**  Comprehensive/Collision
  - Unit #2:  Specified Perils/Collision **OR**  Comprehensive/Collision
  - Unit #3:  Specified Perils/Collision **OR**  Comprehensive/Collision

Is intow desired? Which units? \_\_\_\_\_

Intow limit: \_\_\_\_\_ Intow deductible: \_\_\_\_\_

**RATING INFORMATION**

**21. OWNER & EMPLOYEE INFORMATION (Include Independent Contractors)**

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State where licensed	Drivers License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

## UNDERWRITING INFORMATION

22. Is the operation in question 6 your primary operation? If not, explain. \_\_\_\_\_ 22.  Yes  No
23. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? 23.  Yes  No
24. (a) Do you sell tires?  
\_\_\_\_\_ % of Receipts  New Tires \_\_\_\_\_ %  Used Tires \_\_\_\_\_ % 24. (a)  Yes  No
- (b) Do you recap or retread tires? (b)  Yes  No
25. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, \_\_\_\_\_ % of operation. 25.  Yes  No
26. Do you hold a salvage dealer license or operate a salvage yard? 26.  Yes  No
27. Do you salvage cars for resale? 27.  Yes  No
28. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, \_\_\_\_\_ % of operation. 28.  Yes  No
29. Do you weld gas tanks? 29.  Yes  No
30. Do you repossess autos? 30.  Yes  No
31. Do you sell parts?  
Gross Receipts from Parts Sold but not Installed: \_\_\_\_\_  
 Used Parts \_\_\_\_\_ %  New Parts \_\_\_\_\_ % 31.  Yes  No
32. Do you have automatic car washes on location? (\$500 deductible applies) 32.  Yes  No
33. (a) Do you spray paint at your business location? 33. (a)  Yes  No
- (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b)  Yes  No
34. What percentage of your work involves the following?  
Autobody repair/Painting \_\_\_\_\_ % Sound System \_\_\_\_\_ % Window Tint \_\_\_\_\_ %  
Tune up \_\_\_\_\_ % Tires \_\_\_\_\_ % Wash/Detail \_\_\_\_\_ %  
Oil & Lube \_\_\_\_\_ % Upholstery \_\_\_\_\_ %  
Other (describe) \_\_\_\_\_ % \_\_\_\_\_ %
35. (a) Do you loan autos to customers? 35. (a)  Yes  No
- (b) Do you lease autos (including PPTs, trucks, motorcycles, ATVs, etc.)? (b)  Yes  No
36. Do you rent autos to customers while their units are left for service repair? 36.  Yes  No
37. Do you furnish autos to anyone? 37.  Yes  No
38. Do you sponsor any racing events? 38.  Yes  No
39. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 39.  Yes  No
40. Do you pick up or deliver customers' autos? 40.  Yes  No
41. **PREMISES**
- Are customers' autos stored in building(s)? 41.  Yes  No
- If no, describe lot (e.g. fenced, lighted, etc.) \_\_\_\_\_
- Are keys locked when stored after hours?  Yes  No
- Where are keys kept? Explain \_\_\_\_\_
- Are customers permitted in the service area?  Yes  No
- How many service bays do you have? \_\_\_\_\_ Any service pits? If so, how many? \_\_\_\_\_
- Do you have fire and smoke alarms?  Yes  No
- Do you have fire extinguishers?  Yes  No
- Do you occupy all of the premises?  Yes  No
- Do you lease part of premises to others? If yes, to whom? \_\_\_\_\_  Yes  No
- Is your operation located at your private residence?  Yes  No
- If yes, do you have homeowners or renters insurance?  Yes  No

## SELECTION OF LIMITS FOR UNINSURED/UNDERINSURED MOTORISTS COVERAGE (Virginia)

Virginia Insurance Code Section 38.2-2206 provides that policies of insurance which provide bodily injury or property damage liability insurance relating to the ownership, maintenance or use of a motor vehicle issued or delivered in the Commonwealth of Virginia must provide Uninsured motor vehicle coverage in limits not less than \$25,000 because of bodily injury to or death of one person in any one accident and \$50,000 because of bodily injury to or death of two or more persons in any one accident, and \$20,000 because of injury to or destruction of property of others in any one accident. Such policies must also provide coverage for bodily injury or property damage caused by the operation or use of an Underinsured motor vehicle.

Under Virginia law, the limits of Uninsured/Underinsured motorist coverage must equal the limits of the liability insurance provided by your policy unless additional coverage is rejected by any one named insured. Therefore, if you purchase liability insurance in amounts greater than the state mandated minimum limits of \$25,000/50,000/20,000, your Uninsured/Underinsured motorist coverage limits will equal these greater limits.

If you purchase liability insurance limits in excess of \$25,000/50,000/20,000 you may reject the increased limits of Uninsured/Underinsured motorist coverage. If you reject the increased limits of Uninsured/Underinsured motorist coverage you must at a minimum purchase the state-mandated limits of \$25,000/50,000/20,000. You may also choose to purchase Uninsured/Underinsured motorist coverage limits in excess of the state-mandated minimum amount yet less than your liability insurance limits. Ask your producer for coverage limits offered.

The rejection of the additional limits of Uninsured/Underinsured motorist insurance by any one named insured is binding on all insureds under such policy.

In accordance with the Virginia law, the undersigned insured (and each of them):

**(Applicable item marked )**

- Selects Uninsured/Underinsured motor vehicle coverage limits in the amount of \$25,000/50,000/20,000. These are the lowest coverage limits which may be purchased by law.
- Selects Uninsured/Underinsured motor vehicle coverage limits which are **lower** than the liability limits under the policy but higher than the state-mandated minimum limits. Selected limits for Uninsured/Underinsured motorist coverage are:

(Enter limits if a separate limit of liability applies)  
\$ \_\_\_\_\_ Bodily Injury each person  
\$ \_\_\_\_\_ Bodily Injury each accident  
\$ \_\_\_\_\_ Property Damage each accident

(Enter limit if a single limit of liability applies)  
\$ \_\_\_\_\_ Each accident

### MEDICAL EXPENSE AND INCOME LOSS BENEFITS SELECTION

**Medical Expense Benefits** - Choose one:

- Reject**
- Accept**      If accepting, choose one:     \$500       \$1000       \$2000       \$5000

**Income Loss Benefits** - Choose one:

- Reject**
- Accept**

I have indicated my choice above ("X" indicates my choice):

_____ Signature of Insured	_____ Signature of Insured
_____ Date	_____ Policy Number

(Until you advise us otherwise in writing, your choices, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any Scheduled Autos.)

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of the Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed?  Yes  No If yes, with whom \_\_\_\_\_

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.**

Witness \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE</b>	
Is this direct business to your office? _____	If not, explain _____
Is this new business to your office? _____	If not, how long have you had the account? _____
How long have you known applicant? _____	
<b>REQUEST TO COMPANY GENERAL AGENT:</b>	
<input type="checkbox"/> Please quote	
<input type="checkbox"/> Please bind at earliest possible date and issue policy	
<input type="checkbox"/> Please issue policy effective _____	Coverage was bound by _____
(Time and Date Bound by General Agent)	(Name of Person in Company General Agent's Office Binding Coverage)
Applicant's Representative's Name and Address _____ Phone No. _____	