Automobile Service Operations Application

COLUMBIA INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL INDEMNITY COMPANY OF MID-AMERICA

ATIONAL	INDEMNITY COMPANY OF MID-AM	IERICA	Policy Term From:	To	:		
		GENERA	AL INFORMATION				
. Named	I Insured Information (please sele						
	Name		"dba" (if applicable)				
□ Corp	ooration						
☐ Indiv	vidual						
☐ Othe							
Busine							
	e address						
Are you	u the owner of this business loca	tion? ☐ Yes ☐ No					
If no, d	oes owner of premises need to b	e named as additiona	al insured? ☐ Yes ☐ No				
If yes, ¡	please provide owner's complete	name					
	ption of operation						
	check those items below that ar		pperation:				
		% of			% of		
		Operation			Operation		
☐ Mot	torcycles		☐ Boats				
	Terrain Vehicles		☐ Utility Trailers, Semi-Tra				
☐ Mot	tor Homes		☐ Trucks or Truck Tractors				
□ Far	m Equipment or Implement Deal	er	□ Propane Conversions				
☐ Mol	oile Homes		☐ LPG Systems				
☐ Bus	ses		☐ Lift Kit (suspension) Installation/Sales				
☐ Priv	vate Passenger Vehicles, SUVs,		☐ Contractor's Equipment				
and	Light Trucks		☐ Other	_			
What p	ercentage of repair is performed	at a location other th	an that listed in item 2 above?	%			
Person	to Contact:						
For ins	pection (name & phone number)						
	counting records (name & phone						
		siness since	(year) and has been in this type	of business sind	ce (year)		
	a new venture? ☐ Yes ☐ No						
` '	REVIOUS 3 YEARS' INSURANC	E EXPERIENCE					
Policy	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid		
Term	, ,						
			for this kind of insurance? ☐ Yes	□ No			
If y	es, explain						
			ces, or situations which <u>could</u> give ris		ler the insurance		
CO	verage sought in this application	P □ Yes □ No	If yes, provide complete details _				

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

	Name 			Years with Cor	mpany			% of Owner	ship	
(b)	What is estimate	ated net worth	of the business	s?		_ (c) G	ross receipts l	ast year?		
		-		y? □ Yes □ N ate Released			_			
	you ever enga						% of	operation		
6. Do	you accept vel	nicles on consi	gnment? 🛚 🖺 Y	es □ No		If yes,	% of	operation		
If y	es, is value of o	consigned auto	s included in ga	aragekeepers lim	it? □ Ye	es 🗆 No				
Ple	ease enclose co	py of current c	onsignment ag	reement.						
7. Pla	ates Held by Ap	plicant:		Dealer	☐ Trans	porter				
					☐ Other_					
	· ·									
	e plates attache									
Are	e plates attache	d to tow trucks	? □ Ye:	s □ No	Describe					
				COVERAGE	INFOR	MATION				
3. Lir	mits of Liability	/ and Coverag	e(s) Requeste	d (check desire	d covera	nge and inser	t limits)			
I.	<u>LIABILITY</u>				Accident			, ,	perations Only	
		R Property Dam		\$	\$					
		nage Liability S	=	(Con	nbined Si	ingle Limit)	(Maxim	(Maximum Aggregate Limit - 2 Millio		
	\$100 Deductib	ole Completed	Operations)							
Lis	st All Location	s to be Covere	d for Bodily l	njury and Prope	rty Dam	age Liability				
Lo	ocation No. 1 A	ddress			Locati	on No. 3 Add	ress			
	ocation No. 2 A	ddress			Locati	on No. 4 Add	ress			
II.	MEDICAL PA	YMENTS								
	☐ Premises M	ledical Payme	nts (per person) Choose Limit :	□ \$500	□ \$750	□ \$1,000	□ \$2,000	□ \$5,000	
	UNINGUEED	UNDEDINOUE	ED MOTODIO	-						
111.	UNINSURED/				- F	LINE	EDINOLIDED M	TODIOT 001/5	D.1.05	
	<u> </u>	JNINSURED MC	Split Limits	KAGE	-	UND	ERINSURED MO	RAGE		
	Single Limit	Bodily	Iniury	Property		Single Limit	Bodily	· Injury	Property	
		Per Person	Per Accident	Damage Per Accident	-	ū	Per Person	Per Accident	Damage Per Accident	
IV.	GARAGEKEE	PERS COVER		E: In-tow or on he		_			_	
		PERILS and	Collision C	OR □ CON	//PREHE	NSIVE and Co	ollision (availab	le on direct pri	imary basis on	
	(pick one	of the following)							
	□ Leg	al Liability								
	☐ Dire	ect Primary								
	GARAGEKEE	PERS DEDUC	TIBLE: 🗆 \$5	500 Deductible Pe	er Auto					
			□ \$1	,000 Deductible	Per Auto					
			□ \$2	2,500 Deductible	Per Auto					
			□ \$5	5,000 Deductible	Per Auto					

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

19. List All Business Locations to be Covered for Garagekeepers Coverage

	Garagekeepers Limit	Garagekeepers							
Loc. No.		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)

Vehi #	 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 sc	hedule	d 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 Per	ils/Collision	OR		Comprehensive/Collision			
	Unit #2:	Specified Per	ils/Collision	OR		Comprehensive/Collision			
	Unit #3:	Specified Per	ils/Collision	OR		Comprehensive/Collision			
Is in-tow desired? Which units?									
	In-Tow Li	mit	In-To	w Deduc	tible _				

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 Acci- dents Last 3 Years	Number of Vio- lations 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?	24. (a) □ Yes □ No
	% of receipts New Tires% Used Tires%		
	(b) Do you recap or retread tires?	(t) □ 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?	31.	□ Yes □ No
	Gross receipts from parts sold but not installed		
	□ Used Parts% □ New Parts%		
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. (<i>ε</i>	ı) □ Yes □ No
	(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards?	(t) □ 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
	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

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 Federal Highway Administration 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 this 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 ☐ I	No If yes, with whom					
Witness	Applicant's Signature	Date				
	TO BE COMPLETED BY APPLICANT'S REPR	RESENTATIVE				
Is this direct business to your office?	If not, explain					
		unt?				
How long have you known applicant?						
REQUEST TO COMPANY GENERAL AGE	NT:					
☐ Please quote ☐ Please bind at earliest possible date and issue policy						
☐ Please issue policy effective(Time and Date	Coverage was bound by	(Name of Person in Company General Agency's Office Binding Coverage)				
Applicant's Representative's Name and Address	Phone No.					