



# Auto Repair Shop Product

## AUTO REPAIR SHOP PRODUCT APPLICATION

All questions must be answered and application must be signed by applicant.

1. Applicant's name: \_\_\_\_\_
2. We are the expiring carrier for this coverage?  True  False  
If True, provide policy number(s) \_\_\_\_\_
3. Applicant is:  Sole proprietorship  Partnership  Corporation  LLC  Other \_\_\_\_\_
4. Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. E-mail address: \_\_\_\_\_
6. Location address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. Location # \_\_\_\_\_ \*Note: submit a separate application for each location.
8. How many years has the applicant been at the current location? \_\_\_\_\_
9. The applicant has a Web site?  True  False  
If "True," provide Web address: \_\_\_\_\_
10. Inspection contact name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
11. Building interest:  Owner  Tenant  If tenant, part occupied \_\_\_\_\_ %
12. Business of applicant (Check all that apply):  

<input type="checkbox"/> General mechanical repair	<input type="checkbox"/> Auto body repair/Painting/Rustproofing	<input type="checkbox"/> Quick lube shop
<input type="checkbox"/> Transmission repair shop	<input type="checkbox"/> Brakes/Mufflers/Wheel alignment	<input type="checkbox"/> Radiator shop
<input type="checkbox"/> Auto cleaning/Detailing	<input type="checkbox"/> Truck repair	<input type="checkbox"/> Other – describe _____

### 13. Limits Desired and Rating Information.

Building Construction	Protection Class	Deductible	Cause of Loss
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
Building Limit: \$ _____		Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Improvements and Betterments Limit: \$ _____		Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit: \$ _____		Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit: \$ _____		Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <span style="margin-left: 20px;">or</span> Monthly Limit of Indemnity <input type="checkbox"/> With Extra Expense <span style="margin-left: 100px;"><input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6</span> <input type="checkbox"/> Without Extra Expense	
<input type="checkbox"/> Value Plus Endorsement (Requires a central station burglar alarm)			
<input type="checkbox"/> Outdoor signs \$ _____			
<input type="checkbox"/> Equipment breakdown (Coverage requires a maintenance contract for all refrigeration units)			

14. No past, pending or planned bankruptcy or judgement for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years  True  False
15. No cancellation or non-renewal of insurance in the past three years is reviewed and accepted by home office (not applicable in MO)  True  False

16. No distribution, sale or filling of liquid petroleum gas (a.k.a. LPG, propane)-tank exchanges that are not filled on the premises are acceptable  True  False
17. All flammables stored in a fire resistive cabinet  True  False
18. No manufacturing performed by the applicant  True  False
19. No salvage, dismantling or recycling operations  True  False
20. Functional and operational smoke and/or heat detectors in all units/occupancies  True  False
21. Any seasonal exposure is reviewed and accepted by home office  True  False
22. There is a "No Smoking" policy enforced in the shop  True  False
23. All gas pumps are protected by a vehicle or barrier stop  True  False
24. Do any of the following exposures exist?
- Painting  Gas pumps  Acetylene torch cutting  Manufacturing
- Propane tank filling  Tire re-treading/Recapping  Welding
25. There is UL approved paint spray booth.  True  False
26. Pumps are protected by a vehicle barrier or stops.  True  False
27. Applicant is not a tire store, upholstery shop or performs rustproofing or tire retreading/recapping  True  False
28. Applicant does not perform installation, service or repair work on trucks, trailers or tankers that are involved in hauling/transporting of waste, chemicals or hazardous materials  True  False
29. All rags stored in a fire resistive container when the shop is closed  True  False
30. For any building built prior to 1978, no building with knob-and-tube or aluminum wiring on premises  True  False
31. For any building built prior to 1978, 100% of the wiring is on functional and operational circuit breakers  True  False
32. All plumbing is completely PVC or copper ( no iron or lead)  True  False
33. Type of roof
- Flat  Wood shake  Shingle  Metal
- Tile  Slate  Other\_\_\_\_\_
34. Roof updated, yr. \_\_\_\_\_ Electrical updated, yr. \_\_\_\_\_
- Plumbing updated, yr. \_\_\_\_\_ Heating updated, yr. \_\_\_\_\_
35. If applicant is the building owner, there are no other occupancies  True  False
- If "False," describe \_\_\_\_\_
36. Total sq ft of building \_\_\_\_\_ Area occupied by the applicant – sq. ft. \_\_\_\_\_
- Apartment area – sq. ft. \_\_\_\_\_ # of apartment units \_\_\_\_\_
- Area leased to others – sq. ft. \_\_\_\_\_
37. Age of building: \_\_\_\_\_
38. There are vacancies in building  True  False
39. Burglar alarm  Local  Central station burglar alarm
40. Fire protection  Sprinklers  Central station fire alarm
- Local fire alarm  Annually service fire extinguisher(s)
41. Loss history for property for past three years:  If none, check here

Date	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

42. Mortgagee/Loss payee. List name, address and interest of each:
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Interest: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** 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.

**District of Columbia Fraud Statement: 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 Fraud Statement:** 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.

You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer

**Kentucky Fraud Statement:** 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 and Washington Fraud Statement:** 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.

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

**New York Fraud Statement:** 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 Fraud Statement:** 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 Fraud Statement: 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.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner, Principal, or Partner)

Broker's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Some states require that we have the name and address of your (insured's) authorized agent or broker.

Name of authorized agent or broker: \_\_\_\_\_

Address: \_\_\_\_\_

Mail completed application through local agent or broker to: \_\_\_\_\_