

# 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? 24. (a)  Yes  No  
\_\_\_\_\_ % of Receipts  New Tires \_\_\_\_\_ %  Used Tires \_\_\_\_\_ %  
(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? 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. (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

## CALIFORNIA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM

### DO NOT SIGN UNTIL YOU READ

#### Uninsured Motorists Coverage – Option to Reject

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

#### Uninsured Motorists Coverage – Option to Select Lower Limits

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

#### Uninsured Motorists Property Damage Coverage Where Policy Includes Collision Coverage

If Uninsured Motorists Coverage is not deleted and the policy of motor vehicle liability insurance includes collision coverage, the California Insurance Code requires an insurer to offer coverage which provides that the deductible amount, if any, to be paid by the named insured under the collision coverage shall be payable by the insurer in the event of collision involving a vehicle owned by the named insured and insured under the policy, and an uninsured motor vehicle. The named insured may elect not to accept the coverage or may waive this coverage when a motor vehicle is used or operated by a person or persons designated by name.

#### Uninsured Motorists Property Damage Coverage Where Policy Does Not Include Collision Coverage

If Uninsured Motorists Coverage is not deleted and the policy of motor vehicle liability insurance does not include collision coverage, the California Insurance Code requires an insurer to offer coverage for property damage to an insured motor vehicle, but not including personal property contained therein, caused by the owner or operator of an uninsured motor vehicle. However, this requirement does not apply to a "commercial vehicle" as defined in California Insurance Code Section 260. As used in this paragraph "property damage" means payment for loss or damage to the insured motor vehicle resulting from collision, not to exceed its actual cash value or three thousand five hundred dollars (\$3,500), whichever is less, for which loss or damage the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle. Property damage does not include compensation for loss of use of the motor vehicle. The named insured may elect not to accept the coverage or may waive this coverage when a non-commercial vehicle is used or operated by a person or persons designated by name.

The options that you requested for Uninsured Motorist Coverage are reproduced on the next page. **These options determined your policy premium, but you may change them. Changing the selections may result in changes to your premium.** To make changes contact your agent.


The Named Insured selects the following (applicable item marked 


- Rejection of Uninsured Motorists Coverage in its entirety
- Selection of Uninsured Motorist Coverage at the limits shown below, which do not exceed the Liability Bodily Injury limit(s):
  - Split Limits:
    - \$ \_\_\_\_\_ Bodily Injury per person
    - \$ \_\_\_\_\_ Bodily Injury per accident
  - Combined Single Limit (BI only):
    - \$ \_\_\_\_\_ Bodily Injury per accident


**Uninsured Motorist Property Damage Coverage (Select if UM Coverage is not rejected)**

- On those vehicles which have Collision coverage through this policy, by checking this box I elect to have the insurance company waive my Collision deductible for collisions between an insured motor vehicle and an uninsured motor vehicle. I understand that this election will cost additional premium. If this box is unchecked then my Collision deductible will apply for collisions between an insured motor vehicle and an uninsured motor vehicle.
- On those vehicles which do not have Collision coverage through this policy, by checking this box I elect to purchase Uninsured Motorist Property Damage coverage as previously described on those eligible insured vehicles. I understand that this election will cost additional premium. Uninsured Motorist Property Damage coverage is not available on any "commercial vehicle," as defined in California Insurance Code section 260, and will not be provided on such insured vehicles even if this box is checked. If this box is unchecked then I reject Uninsured Motorist Property Damage coverage on all insured vehicles without Collision coverage.

I UNDERSTAND THAT THE OPTIONS I HAVE SELECTED WILL APPLY TO ALL SUBSEQUENT RENEWALS OF COVERAGE, AND TO ALL POLICIES OR ENDORSEMENTS WHICH EXTEND, CHANGE, SUPERSEDE OR REPLACE AN EXISTING POLICY ISSUED TO THE NAMED INSURED UNLESS CHANGED IN WRITING BY ANY NAMED INSURED.

 \_\_\_\_\_  
Signature of Named Insured or representative

 \_\_\_\_\_  
Title

 \_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

**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 \_\_\_\_\_

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. _____