

# 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

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

## GENERAL INFORMATION

1. Named Insured Information (please select one):

Name

"dba" (if applicable)

- ☐ Corporation \_\_\_\_\_  
☐ Partnership \_\_\_\_\_  
☐ Individual \_\_\_\_\_  
☐ Other \_\_\_\_\_

2. Business (physical) address \_\_\_\_\_

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

4. Website 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<br>Operation |  | % of<br>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,<br>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) 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)

☐ Bodily Injury & Property Damage Liability

\$ \_\_\_\_\_

\$ \_\_\_\_\_

(Property Damage Liability Subject to

(Combined Single Limit)

(Maximum Aggregate Limit - 2 Million)

\$100 Deductible Completed Operations)

**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 MOTORIST**

UNINSURED MOTORIST COVERAGE		
Single Limit	Split Limits	
	Bodily Injury	
	Per Person	Per Accident

UNDERINSURED MOTORIST COVERAGE		
Single Limit	Split Limits	
	Bodily Injury	
	Per Person	Per Accident

**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 in-tow desired? Which units? \_\_\_\_\_

In-Tow Limit \_\_\_\_\_ In-Tow 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? 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

**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 ☐ No If yes, with whom \_\_\_\_\_

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
Date

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

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? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address

\_\_\_\_\_  
Phone No.