



Auto Repair / Service

Date: _____

Agency Name: _____

SIU Producer # : _____

Company Name: _____

Effective Date: _____

DBA: _____

Business Phone: _____

Cell: _____

Contact: _____

E-Mail Address: _____

Fax: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

County: _____

Location Address: _____

City: _____

State: _____

Zip: _____

Insured is: Corporation Partnership Individual LLC Other: _____

Is the building? Owned Leased If owned, what % is occupied by the owner: _____

No. of Years in Business: _____ Total Number of Employees: _____

Total Annual Gross Receipts/Sales: \$ _____ and % related to Body Work? _____

Tires Sales % of Gross Receipts \$ _____ % of Operations related to painting: _____

Number of ASE mechanics on duty at any given time? _____ Total Employee Payroll \$ _____

Is there a set route for test driving customers autos? Yes No

Does the insured provide any services on Heavy Trucks exceeding 20,000 GVW: Yes No

Any Guard Dogs or Fire Arms kept on the premises? Yes No Any Used Tire Sales: Yes No

Any trailer hitch repair or service? Yes No Any Roadside repair: Yes No

Any Emergency Vehicle Repair/Service: Yes No Perform any Tire Recapping: Yes No

Does the insured provide any services on Heavy Trucks exceeding 20,000 GVW: Yes No

Does the insured provide any towing services? Yes No

Are any customer vehicles left overnight on the insured premises at any time? Yes No

Complete Description of Operations / **Include any new services being provided**:

IMPORTANT to list all services provided so the proper classes are listed on policy

Property Section

Construction: Frame Joisted Masonry Non-Combust Masonry MNC

Year Built: _____ Total Square Foot Area: _____ No. of Stories: _____

Year Wiring Updated/installed: _____ Year Plumbing Updated/installed: _____

Year Heating Updated/installed: _____ Year Roof Updated/installed: _____

Sprinkler system throughout entire structure? Yes No Fire Extinguisher on Premises: Yes No

Less than 1,000 Feet to Pressurized Hydrant Yes No Protection Class: _____

Burglar Alarm Type: Local Central Direct % of Building vacant: _____

Fire Alarm Type: Local Central Direct Hardwire Battery

Property Limits/Coverage

Coverage	Coinsurance	Deductible	Cause of Loss	Valuation	Limits
Building:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
BI:	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> Market	\$ _____
Sign: (Describe) _____					\$ _____
Crime Coverage:		Emp Dishonesty \$ _____		Money & Securities \$ _____	Ded \$ _____

Liability Limits (per Occurrence)

Each Occurrence \$ _____

General Aggregate (other than Products/Completed Operations) \$ _____

Products & Completed Operations Aggregate \$ _____

Personal & Advertising Injury (Any one person or organization) \$ _____

Damage to Premises Rented to You (Any one Premises) \$ _____

Medical Expense (Any One Person) \$ _____

Umbrella policy needed ? Yes No If yes, give Limit \$ _____

Garagekeepers

Comprehensive Limit: _____ Collision Limit: _____

Comprehensive Deductible: _____ Collision Deductible: _____

Coverage Basis: Legal Liability Direct Primary

Loss History

Any Property and or Liability Losses: Yes No If yes, give details below.

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

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Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

Auto Coverage

Do you need Hired/Non-Owned Commercial Auto Liability Coverage? Yes No Limit: _____

Equipment and Tools (additional equipment submit on schedule)

<u>Description</u>	<u>Serial Number</u>	<u>Value \$</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Mortgagee</u>	<u>Additional Insured</u>
_____	_____
_____	_____
_____	_____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____