



**AUTO REPAIR  
SERVICE STATION QUESTIONNAIRE  
SUPPLEMENTAL QUESTIONNAIRE**



Named Insured \_\_\_\_\_  
Social Security No. Of Owner \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Owner active in business? \_\_\_\_\_  
Home Address \_\_\_\_\_

*CBIC uses SSI numbers provided in this application to obtain personal credit reports on the primary business owners and their spouses. By submitting this application you authorize the release of your business and personal credit reports to be used in the underwriting process and for periodically reviewing the status of your account for renewal purposes.*

**General Information**

Total Number Of Employees(Include Owner And Clerical) \_\_\_\_\_  
Total Payroll \_\_\_\_\_ Gross Receipts \_\_\_\_\_  
Annual Receipts from:  
Shop Operations \$ \_\_\_\_\_ Gas Sales \$ \_\_\_\_\_ Convenience Store \$ \_\_\_\_\_  
Tire Sales \$ \_\_\_\_\_ Used Tires \$ \_\_\_\_\_ Auto Accessories \$ \_\_\_\_\_  
Motorcycle Repair \$ \_\_\_\_\_ Snowmobile/ATV Repair \$ \_\_\_\_\_  
Trailer Hitches or other structural modifications (lifts etc) \$ \_\_\_\_\_ Propane/ LPG Sales \$ \_\_\_\_\_  
Other (describe) \$ \_\_\_\_\_

Are work orders kept permanently?  Yes  No. Do work orders have the mechanics signature?  Yes  No  
Any guard dogs, pet dogs or fire arms on premises?  Yes  No

**Type of work performed (describe any yes responses on separate sheet)**

Indicate the percentage of work done in your shop: Brakes, drums or rotors \_\_\_\_\_  
Oil Changes \_\_\_\_\_ Other: \_\_\_\_\_  
Do you rebuild or remanufacture parts such as starters, alternators, or brakes?  Yes  No  
Any modifications made to vehicles such as lift kits, handicap modification, suspension modifications for additional weight, raising or lowering, install. of truck beds or bodies, roll bars or similar?  Yes  No  
Any underground storage tanks on premises now or in the past?  Yes  No  
Do you work on racing or demonstration vehicles?  Yes  No  
Do you work on heavy trucks (GVW > 35,000) or diesel trucks (other than pick-ups)?  Yes  No  
Do you offer wrecker service  Yes  No. If yes, using what vehicle: \_\_\_\_\_  
Do you offer mobile (off premises) service or repair?  Yes  No If yes, please explain type of service, frequency, and total income: \_\_\_\_\_  
Have you ever repaired a wrecked, salvaged or similar vehicle for sale or assisted a customer in obtaining a salvage title: \_\_\_\_\_

**Automobile**

Do you lend any vehicles to customers or have loaner cars available  Yes  No  
Any Pick up or delivery of customer's cars?  Yes  No If yes, please describe method and frequency: \_\_\_\_\_  
Is Shuttle Service provided or do you pick up or drop off customers:  Yes  No If yes, please describe method, what vehicles are used and frequency: \_\_\_\_\_  
Number of dealer (or similar) plates \_\_\_\_\_ Number of cars sold over the past 3 years \_\_\_\_\_  
How many corporately owned vehicles do you own? \_\_\_\_\_ Any leased vehicles?  Yes  No

**Garagekeepers (customer's vehicles)**

Number of vehicles:  
Stored in locked, secured building: \_\_\_\_\_ Store in fenced, secured storage area: \_\_\_\_\_  
Stored in an unsecured area: \_\_\_\_\_

**The premium quoted is based on the estimated number of employees and or sales information you have provided. Final premium will be determined at policy expiration based on your actual number of employees or sales at audit and I agree that I will be responsible for any additional premium billed at that time.**

**The undersigned acknowledges that this questionnaire is being relied upon by CBIC and is submitted to induce CBIC to issue insurance for the undersigned. Any misrepresentation, whether or not intentional, may void and/or result in rescission of any policy issued in reliance on this questionnaire, therefore eliminating insurance coverage (both for defense and indemnity) that might otherwise be applicable.**

Signed (Insured): \_\_\_\_\_ Date: \_\_\_\_\_  
This questionnaire was completed by: Insured  Agent



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

<b>AGENCY</b>  <b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>CODE:</b> <b>SUBCODE:</b> <b>AGENCY CUSTOMER ID:</b>	<b>CARRIER</b>		<b>NAIC CODE</b>
	<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
	<b>POLICY NUMBER</b>		
	<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>
	<b>STATUS OF TRANSACTION</b>	<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW
		BOUND (Give Date and/or Attach Copy):	
		<input type="checkbox"/> CHANGE <b>DATE</b>	<input type="checkbox"/> TIME <input type="checkbox"/> AM
		<input type="checkbox"/> CANCEL	<input type="checkbox"/> PM

**SECTIONS ATTACHED**

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

**ATTACHMENTS**

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT	
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT	
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT	
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES	
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)	
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE	
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
LOSS SUMMARY		

**POLICY INFORMATION**

PROPOSED EFF DATE	PROPOSED EXP DATE	<b>BILLING PLAN</b> <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
						\$	\$	\$

**APPLICANT INFORMATION**

<b>NAME (First Named Insured) AND MAILING ADDRESS (Including ZIP+4)</b>  BUSINESS PHONE #: WEBSITE ADDRESS				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST							
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>  BUSINESS PHONE #: WEBSITE ADDRESS				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST							
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**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y/N												
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">PARENT COMPANY NAME</th> <th style="width:30%;">RELATIONSHIP DESCRIPTION</th> <th style="width:20%;">% OWNED</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED										
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1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">SUBSIDIARY COMPANY NAME</th> <th style="width:30%;">RELATIONSHIP DESCRIPTION</th> <th style="width:20%;">% OWNED</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED										
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2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> OSHA													
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?													
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">LINE OF BUSINESS</th> <th style="width:25%;">POLICY NUMBER</th> <th style="width:25%;">LINE OF BUSINESS</th> <th style="width:25%;">POLICY NUMBER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									
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5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? ( <b>Missouri Applicants - Do not answer this question</b> ) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):													
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?													
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).													
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OCCURRENCE DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLUTION DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE									
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9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OCCURRENCE DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLUTION DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE									
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10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OCCURRENCE DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLUTION DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE									
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11. HAS BUSINESS BEEN PLACED IN A TRUST? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:100%;">NAME OF TRUST</th> </tr> <tr> <td> </td> </tr> </table>	NAME OF TRUST												
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12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)													
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?													

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**



**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**  **ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____  REFERENCE / LOAN #: _____	EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____ _____
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**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>	<b>Y / N</b>																								
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?																									
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?																									
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)																									
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?																									
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">EQUIPMENT</th> <th colspan="2" style="width:30%;">TYPE OF EQUIPMENT</th> <th style="width:20%;">INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="width:15%;">SMALL TOOLS</td> <td style="width:15%;">LARGE EQUIPMENT</td> <td> </td> </tr> <tr> <td> </td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td> </td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT														
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6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?																									
7. ANY PARKING FACILITIES OWNED/RENTED?																									
8. IS A FEE CHARGED FOR PARKING?																									
9. RECREATION FACILITIES PROVIDED?																									
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"># APTS</th> <th style="width:15%;">TOTAL APT AREA Sq. Ft.</th> <th style="width:75%;">DESCRIBE OTHER LODGING OPERATIONS</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																						
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11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)																									
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																									
12. ARE SOCIAL EVENTS SPONSORED?																									
13. ARE ATHLETIC TEAMS SPONSORED?																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">TYPE OF SPORT</th> <th style="width:10%;">CONTACT SPORT (Y/N)</th> <th style="width:10%;">AGE GROUP</th> <th style="width:10%;">13 - 18</th> <th style="width:25%;">TYPE OF SPORT</th> <th style="width:10%;">CONTACT SPORT (Y/N)</th> <th style="width:10%;">AGE GROUP</th> <th style="width:10%;">13 - 18</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>12 &amp; UNDER</td> <td><input type="checkbox"/> OVER 18</td> <td> </td> <td> </td> <td>12 &amp; UNDER</td> <td><input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="4">EXTENT OF SPONSORSHIP: _____</td> <td colspan="4">EXTENT OF SPONSORSHIP: _____</td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18			12 & UNDER	<input type="checkbox"/> OVER 18			12 & UNDER	<input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP: _____				EXTENT OF SPONSORSHIP: _____				
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		12 & UNDER	<input type="checkbox"/> OVER 18			12 & UNDER	<input type="checkbox"/> OVER 18																		
EXTENT OF SPONSORSHIP: _____				EXTENT OF SPONSORSHIP: _____																					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?																									
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?																									

AGENCY CUSTOMER ID: \_\_\_\_\_



# PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY NAME	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION			
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED: _____	
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:				MANUFACTURER: _____				
<input type="checkbox"/> OTHER: YR: _____									

PRIMARY HEAT				SECONDARY HEAT			
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	
			CENTRAL STATION <input type="checkbox"/>	
			LOCAL GONG <input type="checkbox"/>	

**ADDITIONAL INTEREST**      **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____	BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/>					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

**REMARKS**

**FRAUD NOTICES**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)  
 IN THE DISTRICT OF COLUMBIA, 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

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

**REMARKS**



# EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
			<input type="checkbox"/> AGENCY <input type="checkbox"/> DIRECT		
CODE: AGENCY CUSTOMER ID	SUBCODE:	FOR COMPANY USE ONLY			

TERRITORY OF OPERATION	TYPE OF OPERATION

COVERAGE/DEDUCTIBLE

EQUIPMENT STORAGE				UNSCHEDULED EQUIPMENT				
LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY	DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
		IN BUILDING	OUTSIDE					
		\$	\$					0.00%
		\$	\$					
		\$	\$					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS				ACORD 45 Attached			
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:	
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:	
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:	
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							

<b>GENERAL INFORMATION</b>		
EXPLAIN ALL "YES" RESPONSES		Y / N
1. EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?		<input type="checkbox"/>
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?		<input type="checkbox"/>
3. PROPERTY USED UNDERGROUND?		<input type="checkbox"/>
4. ANY WORK DONE AFLOAT?		<input type="checkbox"/>