



# Auto Repair Shop Product

## AUTO REPAIR SHOP PRODUCT APPLICATION

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

- Applicants' Name: \_\_\_\_\_
- Are we the expiring carrier for this coverage?  Yes  No  
If yes, provide policy number(s) \_\_\_\_\_
- Applicant is:  Sole Proprietorship  Partnership  Corporation  LLC  Other \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Location Address: \_\_\_\_\_
- Location # \_\_\_\_\_ \***Note:** submit a separate application for each location.
- Does the applicant have a website?  Yes  No  
If Yes, provide web address: \_\_\_\_\_
- Inspection Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
E-mail Address \_\_\_\_\_
- Building Interest:  Owner  Tenant  If tenant, part occupied \_\_\_\_\_%
- Business of Applicant (Check all that apply):  
 General Mechanical Repair  Auto Body Repair / Painting / Rustproofing  Quick Lube Shop  
 Transmission Repair Shop  Brakes / Mufflers / Wheel Alignment  Radiator Shop  
 Auto Cleaning / Detailing  Truck Repair  Other – Describe \_\_\_\_\_

### 12. 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)
<b>Building Limit:</b>	\$ _____	Coinsurance (80% minimum) _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Improvements and Betterments Limit:</b>	\$ _____	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Personal Property Limit:</b>	\$ _____	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Income Limit:</b>	\$ _____	Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> With Extra Expense	or Monthly Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <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)			

- Has the applicant or majority partner filed for bankruptcy within the past five years?  Yes  No
- Any back taxes owed?  Yes  No
- Is all electrical system connected to functional and operational circuit breakers?  Yes  No
- Does the electrical system have aluminum wiring?  Yes  No
- Does the electrical system have knob & tube wiring?  Yes  No
- Are there functional smoke detectors and/or heat detectors in all units and/or occupancies?  Yes  No
- Has owner ever been convicted of the felony of arson?  Yes  No
- Are there any uncorrected fire code violations?  Yes  No

21. Is there evidence of fire damage, water damage, broken windows, or breaks in pavements or floor?  Yes  No
22. Is the plumbing completely PVC or Copper (No Iron or Lead)?  Yes  No
23. Type of roof?  Flat  Pitched
24. Roof Updated, yr. \_\_\_\_\_ Electrical Updated, yr. \_\_\_\_\_ Plumbing Updated, yr. \_\_\_\_\_ Heating Updated, yr. \_\_\_\_\_
25. If applicant is the building owner, are there other occupancies?  Yes  No  
If yes, describe \_\_\_\_\_
26. 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. \_\_\_\_\_
27. Age of building: \_\_\_\_\_
28. Are there vacancies in building?  Yes  No If "yes," what is the percentage? \_\_\_\_\_%
29. Describe any adjacent exposures \_\_\_\_\_
30. Burglar Alarm:  Local  Central Station Burglar Alarm
31. Fire Protection:  Sprinklers  Central Station Fire Alarm  
 Local Fire Alarm  Annually Service Fire Extinguisher(s)
32. Do any of the following exposures exist?  
 Painting Is there a UL approved paint spray booth  Yes  No  
 Gas pumps Are the pumps protected by a vehicle barrier or stops  Yes  No  
 Acetylene torch cutting  Manufacturing  Propane tank filling  Tire Re-treading/Recapping  Welding
33. Are all rags stored in a fire resistive container when the shop is closed?  Yes  No
34. Are all flammables stored in a fire resistive cabinet?  Yes  No
35. Is there a "No Smoking" policy in the shop?  Yes  No
36. Is any cooking done in the building?  Yes  No
37. Within the past **five (5)** years, has **Property** coverage been cancelled or non-renewed?  Yes  No

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

Carrier	Policy Term	Limits	Premium

If "yes," explain: \_\_\_\_\_

38. **Loss History for Property** for **past three (3)** years:  If none, check here
39. List expiring **Property** carrier, term, limits and premium:
40. 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.

**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 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 is 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: \_\_\_\_\_