



CARRIER:

Auto Repair Shop Product

1. Applicant's name: _____
2. We are the expiring carrier for this coverage? True False
If True, provide policy number(s) _____
3. Applicant is: Sole proprietorship Partnership Corporation LLC Other _____
4. Mailing address: _____
City: _____ State: _____ Zip: _____
5. E-mail address: _____
6. Location address: _____
City: _____ State: _____ Zip: _____
7. Location # _____ *Note: submit a separate application for each location.
8. How many years has the applicant been at the current location? _____
9. The applicant has a Web site? True False
If "True," provide Web address: _____
10. Inspection contact name: _____ Telephone number: _____
E-mail address: _____
11. Building interest: Owner Tenant If tenant, part occupied _____ %
12. 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 _____
13. 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)
Building Limit: \$		Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Improvements and Betterments Limit: \$		Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit: \$		Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit: \$		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)			

14. No past, pending or planned bankruptcy or judgement for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years True False
15. No cancellation or non-renewal of insurance in the past three years is reviewed and accepted by home office (not applicable in MO) True False

16. No distribution, sale or filling of liquid petroleum gas (a.k.a. LPG, propane)-tank exchanges that are not filled on the premises are acceptable True False
17. All flammables stored in a fire resistive cabinet True False
18. No manufacturing performed by the applicant True False
19. No salvage, dismantling or recycling operations True False
20. Functional and operational smoke and/or heat detectors in all units/occupancies True False
21. Any seasonal exposure is reviewed and accepted by home office True False
22. There is a "No Smoking" policy enforced in the shop True False
23. All gas pumps are protected by a vehicle or barrier stop True False

24. Do any of the following exposures exist?
- Painting Gas pumps Acetylene torch cutting Manufacturing
- Propane tank filling Tire re-treading/Recapping Welding

25. There is UL approved paint spray booth. True False
26. Pumps are protected by a vehicle barrier or stops. True False
27. Applicant is not a tire store, upholstery shop or performs rustproofing or tire retreading/recapping True False
28. Applicant does not perform installation, service or repair work on trucks, trailers or tankers that are involved in hauling/transporting of waste, chemicals or hazardous materials True False
29. All rags stored in a fire resistive container when the shop is closed True False
30. For any building built prior to 1978, no building with knob-and-tube or aluminum wiring on premises True False
31. For any building built prior to 1978, 100% of the wiring is on functional and operational circuit breakers True False
32. All plumbing is completely PVC or copper (no iron or lead) True False

33. Type of roof
- Flat Wood shake Shingle Metal
- Tile Slate Other _____

34. Roof updated, yr. _____ Electrical updated, yr. _____
- Plumbing updated, yr. _____ Heating updated, yr. _____
35. If applicant is the building owner, there are no other occupancies True False
- If "False," describe _____

36. 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. _____

37. Age of building: _____
38. There are vacancies in building True False
39. Burglar alarm Local Central station burglar alarm
40. Fire protection Sprinklers Central station fire alarm
- Local fire alarm Annually service fire extinguisher(s)
41. Loss history for property for past three years: If none, check here

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

42. Mortgagee/Loss payee. List name, address and interest of each:
- Name: _____
- Address: _____
- Interest: _____

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: 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.

California: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

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.

Kansas Fraud Statement: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

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

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

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.

Oregon Fraud Statement: Notice to Oregon applicants: 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 may be guilty of insurance fraud.

Kentucky and 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, Virginia and Washington 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.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only 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.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

f your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

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.

Applicant's signature: _____

Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.