



SELF SERVICE/EXTERIOR CAR WASH INSURANCE APPLICATION

For Self Service and Exterior Only/Conveyor Car Washes

Property and liability coverage is required at all locations

This application cannot be processed without 2 photos of the car wash and 3 years hard copy prior carrier loss history. A separate application is required for each additional location to be insured.

GENERAL INFORMATION

Contact Name _____ Date _____

First Named Insured _____ Effective Date _____

Mail Address: _____ City _____ County _____ State _____ Zip _____

Location Address: _____ City _____ County _____ State _____ Zip _____

Telephone #: _____ Fax #: _____ Email Address: _____

FEIN# _____

____ Individual ____ Partnership ____ Corporation ____ LLC ____ Other (specify) _____

Interest: ____ Owner ____ Tenant What percentage of building is owner occupied? 100%____ 75-99%____ less than 75%____

Number of years in Car Wash Business____ If less than 3 years provide prior business experience _____

Does named insured have ownership interest in any other business? _____

CARRIER & PREMIUM INFORMATION

Prior 3 years Policy Dates	Name of Insurance Company	Premium
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____

ENTER ALL CLAIMS AND OCCURRENCES FOR THE PRIOR 3 YEARS

Attach Loss Run / History

Date of Occurrence	Type/Description Occurrence or Claim	Date of Claim	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TYPE OF CAR WASH

____ **Self Service** (In Bay Automatics and Self Serve Bays) Number of Self-Serve Bays: ____ Are bay floors heated? _____

Triggers on wands? _____ Number of In-Bay Automatics ____ Touchless ____ Brush ____ Soft Cloth ____

Hours of Operation _____ Number of Employees _____ Do you have Workers Compensation insurance? _____

____ **Exterior only** (Conveyor Tunnel - Customer remains in car)

Exterior Only Conveyor: Number of tunnels ____ Type: Touchless ____ Brush ____ Soft Cloth ____ Combination ____

Hours of Operation _____ Number of Employees _____ Do you have Workers Compensation insurance? _____

UNDERWRITING AND COVERAGE INFORMATION

Annual Car Wash Revenue \$ _____ Number of vehicle washed per month _____

Other Profit Centers [indicate those applicable] *Specify if Owner Operated (O) or Tenant Operated (T)*

___ **Detailing** (# of vehicle detailed per month) _____ ___ **Vehicle repair** ___ **Lube** ___ **Windshield** ___ **Emissions**

___ **Auto Sales** ___ **Lease/Rental** ___ **Towing** ___ **Mini Storage**

___ **Food Service** (Describe) _____ ___ **Dog Wash** ___ **Other** (Describe) _____

Year building constructed _____ If building over 25 yrs indicate year updated: Wiring _____ Heating _____ Plumbing _____ Roof _____

Age of car wash equipment _____ If older than 25 years old when did updates occur _____

Building Construction: ___ **F** = Frame - wood, stucco ___ **JM** = Joisted Masonry - block, brick, concrete walls with wood truss roof

___ **NC** = Noncombustible-metal on metal ___ **MNC** = Masonry Non-combustible - block walls with metal truss roof

Property limit: Replacement Cost

Building 1

Building 2

Vacuum/Canopy Isle

Building Square Footage _____

Building Value \$ _____

Equipment Value \$ _____

Contents (other than equipment) \$ _____

Free Standing Signs \$ _____

Other Structures (Describe) _____ **Mobile Equipment** (pit cleaner, backhoe) describe _____

Additional Interests: ___ **Mortgagee** ___ **Loss Payee** ___ **Additional Insured**

Additional Interest name and address (Street, City, State, Zip Code and County)

Are premises protected by alarm system? _____ Central _____ Local _____ Surveillance cameras? _____

Premises well lighted? _____ Are bill changers well lighted and easily observed from street? _____

Do exterior doors have double cylinder dead bolt locks? _____

Is there a safe on premises? _____ Average cash kept overnight? _____ Frequency of deposits? _____

Do employees use their own vehicle in business? _____ If so, do you verify auto insurance and limits? _____

Additional Information or Remarks

Application completed by: _____ If Agent/Broker, Name of Agency _____

Agent's signature: _____ Mailing Address _____

Phone: _____ Fax: _____

Email: _____

Insured's Signature

Insured's Title

Date

This application does not bind the applicant, the company, or the agent to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.