



AUTO REPAIR APPLICATION

NOTE: If any Auto Sales, Please complete the Auto Dealers Application

GENERAL INFORMATION

Effective Date:	Named Insured:	DBA:
Mailing Address:	City:	State: Zip:
Web Address:	Years in business?	Years of Related Experience?
Agency:	Producer:	Phone:

Type of Legal entity: Corporation Partnership Individual Limited Liability Corp. Other: _____

Gross Receipts: Service/Repair: \$ _____ Parts: \$ _____ Other: _____ : \$ _____

Do you own any other business(es)? Yes No If yes, please provide details. _____

Is another operation conducted at this location? Yes No If yes, please provide details. _____

Repair By Vehicle Type:

		Repair %
<input type="checkbox"/>	Private Passenger Cars, Vans, Sport Utilities	%
<input type="checkbox"/>	Motor Homes, Recreational Vehicles	%
<input type="checkbox"/>	Trucks < 20,000 # GVW	%
<input type="checkbox"/>	Trucks > 20,000 # GVW	%
<input type="checkbox"/>	Sports Cars or High Performance Cars (Porsche, Corvette etc)	%
<input type="checkbox"/>	Truck Tractors, 5th Wheels & Semi Trailers	%
<input type="checkbox"/>	Buses	%

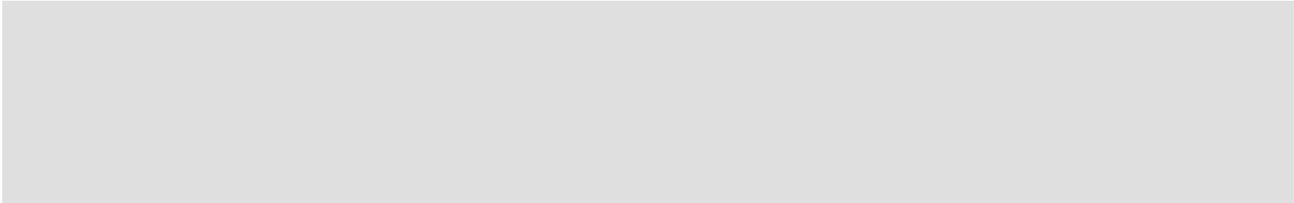
		Repair %
<input type="checkbox"/>	Motorcycles, Motorbikes, ATVs	%
<input type="checkbox"/>	Antique or Classic Vehicles	%
<input type="checkbox"/>	Utility Trailers	%
<input type="checkbox"/>	Watercraft (Boats, Jet Skis, etc)	%
<input type="checkbox"/>	Farm/Construction Equipment	%
<input type="checkbox"/>	Kit Car/Auto Mfg.	%
<input type="checkbox"/>	Other:	%

Service Work - provide percentage of each type of service work from the list below:

	Repair %		Repair %		Repair %
<input type="checkbox"/>	Alignment	%	<input type="checkbox"/>	Oil & Lube	%
<input type="checkbox"/>	Body Work/Paint	%	<input type="checkbox"/>	Radiator	%
<input type="checkbox"/>	Brakes	%	<input type="checkbox"/>	Sound System/Alarms	%
<input type="checkbox"/>	Engine Overhaul	%	<input type="checkbox"/>	Suspension	%
<input type="checkbox"/>	Muffler/Exhaust System	%	<input type="checkbox"/>	Window Tinting	%
<input type="checkbox"/>	Electrical	%	<input type="checkbox"/>	Auto Glass	%
<input type="checkbox"/>	Gasoline Sales Gallons:	%	<input type="checkbox"/>	LPG Sales Gallons:	%
<input type="checkbox"/>			<input type="checkbox"/>	Tune Up	%
<input type="checkbox"/>			<input type="checkbox"/>	Transmissions	%
<input type="checkbox"/>			<input type="checkbox"/>	Upholstery	%
<input type="checkbox"/>			<input type="checkbox"/>	Wash/Detail	%
<input type="checkbox"/>			<input type="checkbox"/>	Towing/Collateral Recovery	%
<input type="checkbox"/>			<input type="checkbox"/>	Sales of Tires - New	%
<input type="checkbox"/>			<input type="checkbox"/>	Sales of Tires - Used/Recapped	%

OPERATIONAL QUESTIONNAIRE

	Yes	No	Explain
Any work on aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	
Roadside assistance (tires/batteries/belts/hoses/lock-outs)?	<input type="checkbox"/>	<input type="checkbox"/>	
Towing, recovery or repossession services?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have dealer or transporter license plates?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you work on LP gas systems?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you perform automotive safety inspection services?	<input type="checkbox"/>	<input type="checkbox"/>	



Do you park customer vehicles on the street?	<input type="checkbox"/>	<input type="checkbox"/>	
Selling, servicing, maintaining or sponsoring vehicles used for racing or speed exhibitions?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a vehicle storage lot on premises?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you perform any work on airbags or breathalyzers? (including deactivation)	<input type="checkbox"/>	<input type="checkbox"/>	
Is your lot well lit at night?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you leave keys in vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you perform trailer hitch services?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you perform any frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you perform Mobile Home repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Operations greater than 300 miles from garaging location?	<input type="checkbox"/>	<input type="checkbox"/>	
Are cars rented or loaned to customers?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you dismantle autos or have salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you repair vehicles with damage totaling more than 75% of the ACV of the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you buy & sell "salvage titled" vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	
If you have a spray booth, is it equipped with explosion proof lights, outside ventilation & bay separation (NFPA 33 Compliance)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are signs posted to keep customers from the work area?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you rent bays out to others? (•elf-service repair)	<input type="checkbox"/>	<input type="checkbox"/>	
Are firearms kept on the premises or at a armed security guard?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you store customer vehicles overnight? If yes, describe your lot protection (each location). How are vehicles stored? How are keys controlled?	<input type="checkbox"/>	<input type="checkbox"/>	
Any use of subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, do you use written subcontractor agreements containing hold harmless/indemnity agreements?	<input type="checkbox"/>	<input type="checkbox"/>	

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, FL, HI, MA, NE, OH, OK, OR, or VT. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

Please attach applicable ACORD applications.

Signature of Applicant

Date

Signature of Producer

Date