



GLOBAL INSURANCE BROKERAGE

Auto Service Risks Application

Applicant's Name _____

 Mailing Address _____

 Web site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

1. **Applicant is:** Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

2. **Location Address:** _____

3. **Number of years in business:** _____ Number of years at this location: _____

4. **Inspection Contact Person/Telephone:** _____

5. **Does applicant have any vehicle dealer operations?** Yes No

6. **Indicate operations applicable to applicant:**

- | | |
|--|---|
| <input type="checkbox"/> Automobile Parts & Supplies Store | <input type="checkbox"/> Convenience Food/Gasoline Store—self-service without service/repair shop (refer to Grocery/ Convenience Store Program) |
| <input type="checkbox"/> Automobile Quick Lubrication Services | <input type="checkbox"/> Gasoline Station—self-service—without convenience store |
| <input type="checkbox"/> Automobile Repair or Service Shop | <input type="checkbox"/> Parking—public—not open air |
| <input type="checkbox"/> Automobile Storage | <input type="checkbox"/> Parking—public—open air |
| <input type="checkbox"/> Car Wash—other than self-service | <input type="checkbox"/> Tire Dealer |
| <input type="checkbox"/> Car Wash—self-service | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Convenience Food/Gasoline Store—full service with service/repair shop | |
| <input type="checkbox"/> Convenience Food/Gasoline Store—self and full service combined – with service/repair shop | |

7. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

8. Previous carrier and loss information (current and previous three years): Check if no losses last three years.

Year	Company	Coverage	Premium	Date of Loss	Losses Paid/ Reserved	Description of Loss

9. Any other insurance with this company or being submitted? Yes No

If yes, please list name[s] and/or policy number[s]: _____

10. Any policy or coverage declined, cancelled or non-renewed during the prior three years (Not Applicable in Missouri)? Yes No

If yes, advise: _____

PROPERTY SECTION

11. Equipment Breakdown Coverage requested? Yes No

12. Premises information:

a. Premises No.:		Building No.:		Interest:	
Address:					
Coverage	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible
Building	\$		\$		\$
Contents	\$		\$		\$
Business Income	\$		N/A		N/A
Other	\$		\$		\$
Mortgagee or loss payee:					

- Construction type:
- Protection class:
- Number of stories:
- Total square foot area:
- Sprinklered?..... Yes No
- Operable smoke detectors? Yes No
- Is structure enclosed?..... Yes No
- Spray painting operations? Yes No
If yes, is spray paint booth UL approved?..... Yes No
- Burglar alarm type: Local Central Station
- Fire alarm type: Local Central Station
- Year built:
- Building remodeling (include year):
Wiring? Yes No Year: _____
Heating? Yes No Year: _____
Plumbing?..... Yes No Year: _____
Roof? Yes No Year: _____
- Are flammables stored in separate, well ventilated fire divisions away from ignition sources in accordance with state specific guidelines? Yes No

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13. Increased Limits for Optional Auto Services Endorsement (MS AS 01 or state equivalent):

Premises No.:	Building No.:	Limit of Insurance	Increased Limits Available
1. Fire Department Service Charge		\$	(\$7,500 or \$10,000 limits)
2. Money and Securities		\$	(maximum limit \$10,000)
3. Outdoor Signs		\$	(maximum limit \$250,000)
4. Valuable Papers and Records		\$	(maximum limit \$250,000)
5. Employee Tools		\$	(\$5,000, \$7,500 or \$10,000 limits)
6. Accounts Receivable		\$	(maximum limit \$250,000)

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14. Loss or Damage to Customers' Autos:

Select Coverage Requested:		
<input type="checkbox"/> Direct primary coverage for loss or damage to customers' autos (MS AS 02)		
<input type="checkbox"/> Legal liability coverage for loss or damage to customers' autos (MS AS 03)		
<input type="checkbox"/> Direct primary coverage for loss or damage to customers' autos and other customers' property (MS AS 04)		
Requested Limits and Deductibles	Loc. 1	Loc. 2
Enter the Limit for Each Location (maximum value of all autos in your C.C.C.)	\$	\$
Maximum number of vehicles in your C.C.C.		
Other than Collision deductible per each customer's auto	\$	\$
Other than Collision maximum deductible per any one event	\$	\$
Collision deductible per each customer's auto	\$	\$

15. Loss or Damage to Lessors' Property (MS AS 05):

	Loc. 1	Loc. 2
Description of Premises		
Description of Leased Property		
Name of Lessor		
Limit of Insurance per Occurrence		

GENERAL LIABILITY SECTION

16. Limits and Deductible Requested:

	Limits of Liability
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expenses (any one person)	\$
Hired Auto Liability (MS AS 06 or state equivalent) Cost of Hire: _____	\$
Non-owned Auto Liability (MS AS 06 or state equivalent) No. of Employees: _____	\$
Deductible \$ _____	\$

17. Schedule of Hazards:

Loc. No.	Class. Description	Class. Code	Exposure	Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Others

GENERAL INFORMATION SECTION

18. Does applicant have any owned autos? Yes No
19. Does applicant subcontract work to others? Yes No
If yes, advise total cost and details: _____
20. Does applicant store oil, gasoline or other petroleum products? Yes No
If yes, explain: _____
21. Does applicant rent or loan autos to customers while their autos are left for service or repair? Yes No
If yes, explain: _____
22. Does applicant pick up or deliver automobiles? Yes No
If yes, indicate radius in miles: 50 mi _____% 50-200 _____% over 200 _____%
23. Are any automobiles consigned? Yes No
24. Where are keys to customers' autos kept:
At night? _____
During business hours? _____
25. Where are customers' autos kept at night? Inside _____% Outside _____%
26. If autos are kept outside, is lot protected on all sides by fence, chain, cable or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock? Yes No
If no, explain: _____
27. Is the parking area lighted at night? Yes No
28. Are there any dogs on premises? Yes No
29. Does applicant employ a guard while business is closed? Yes No
30. Advise if applicant has the following operations:
- **Airbag installation, servicing or repair?** Yes No
If yes, advise percentage of gross receipts:..... _____%
 - **Aircraft servicing or repair?** Yes No
 - **All terrain vehicle (ATV) service or repair?** Yes No
 - **Alternative fuel conversions (butane, propane or liquid petroleum)?** Yes No
If yes, advise percentage of gross receipts:..... _____%
 - **Auto or Van conversions/modifications:** Yes No
If yes, advise percentage of gross receipts:..... _____%
- Indicate type of work performed and/or equipment installed:
- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Air Conditioners | <input type="checkbox"/> High valued electronics | <input type="checkbox"/> Stoves |
| <input type="checkbox"/> Chair lifts | <input type="checkbox"/> Hydraulic suspension systems | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Chassis | <input type="checkbox"/> Performance | <input type="checkbox"/> Style |
| <input type="checkbox"/> Frame | <input type="checkbox"/> Physically disabled controls | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Handling characteristics | <input type="checkbox"/> Refrigerators | <input type="checkbox"/> Tanks |
| <input type="checkbox"/> Heaters | <input type="checkbox"/> Other (describe): _____ | |

FRAUD WARNING STATEMENTS

FRAUD WARNING:

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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO MAINE APPLICANTS: 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.

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

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK (OTHER THAN AUTOMOBILE): 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK (AUTOMOBILE): Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.