

Automobile Service Operations Application

COLUMBIA INSURANCE COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF MID-AMERICA
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Desired Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

Name

"dba" (if applicable)

- ☐ Corporation _____
☐ Partnership _____
☐ Individual _____
☐ Other _____

2. Business (physical) Address: _____

3. Mailing address: _____

4. Web Site Address: _____

5. Are you the owner of this business location? ☐ Yes ☐ No

If no, does owner of premises need to be named as additional insured? ☐ Yes ☐ No

If yes, please provide owner's complete name. _____

6. Description of Operation: _____

7. Please check those items below that are part of your repair operation:

- | | % of
Operation | | % of
Operation |
|--|-------------------|--|-------------------|
| <input type="checkbox"/> Motorcycles | _____ | <input type="checkbox"/> Boats | _____ |
| <input type="checkbox"/> All Terrain Vehicles | _____ | <input type="checkbox"/> Utility Trailers, Semi-Trailers, Trailers | _____ |
| <input type="checkbox"/> Motor Homes | _____ | <input type="checkbox"/> Trucks or Truck Tractors | _____ |
| <input type="checkbox"/> Farm Equipment or Implement Dealer | _____ | <input type="checkbox"/> Propane Conversions | _____ |
| <input type="checkbox"/> Mobile Homes | _____ | <input type="checkbox"/> LPG Systems | _____ |
| <input type="checkbox"/> Buses | _____ | <input type="checkbox"/> Lift Kit (suspension) Installation/Sales | _____ |
| <input type="checkbox"/> Private Passenger Vehicles, SUVs,
and Light Trucks | _____ | <input type="checkbox"/> Contractor's Equipment | _____ |
| | | <input type="checkbox"/> Other | _____ |

8. What percentage of repair is performed at a location other than that listed in item 2 above? _____%

9. Person to contact:

For Inspection (Name & Phone Number) _____

For Accounting Records (Name & Phone Number) _____

10. Current management has controlled business since _____ (year) and has been in this type of business since _____ (year)

11. Is this a new venture? ☐ Yes ☐ No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been declined, cancelled or non-renewed for this kind of insurance? ☐ Yes ☐ No

If yes, explain. _____

(c) Are you aware of any facts or past incidents, circumstances, or situations which could give rise to a claim under the insurance coverage sought in this application? ☐ Yes ☐ No

If yes, provide complete details. _____

13. (a) List major owners/shareholders/management:

Name	Years with Company	% of Ownership

(b) What is estimated net worth of the business? _____ (c) Gross receipts last year? _____

14. Has this business entity ever filed for bankruptcy? ☐ Yes ☐ No

Date filed _____ Date released _____

15. Do you ever engage in the sale of autos? ☐ Yes ☐ No If yes, _____ % of operation.

16. Do you accept vehicles on consignment? ☐ Yes ☐ No If yes, _____ % of operation.

If yes, is value of consigned autos included in garagekeepers limit? ☐ Yes ☐ No

Please enclose copy of current consignment agreement.

17. Plates held by Applicant: ☐ Dealer ☐ Transporter

☐ Repairer ☐ Other _____

List Plate Identification Numbers assigned by the state: _____

Are plates attached to owned vehicles? ☐ Yes ☐ No Describe _____

Are plates attached to tow trucks? ☐ Yes ☐ No Describe _____

COVERAGE INFORMATION

18. **Limits of Liability and Coverage(s) Requested (Check desired coverage and insert limits)**

I. LIABILITY

	Each Accident	Aggregate (Garage operations only)
<input type="checkbox"/> Bodily Injury & Property Damage Liability	\$ _____	\$ _____
(Property Damage Liability subject to	(Combined Single Limit)	(Maximum Aggregate Limit - 2 million)
\$100 deductible completed operations)		

List All Locations To Be Covered for bodily injury and property damage liability

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

II. MEDICAL PAYMENTS

☐ Premises Medical Payments (per person) Choose Limit : ☐ \$500 ☐ \$750 ☐ \$1,000 ☐ \$2,000 ☐ \$5,000

III. UNINSURED/UNDERINSURED MOTORISTS

**APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE
SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE
NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

IV. GARAGEKEEPERS COVERAGE

☐ SPECIFIED PERILS and Collision **OR** ☐ COMPREHENSIVE and Collision (available on Direct Primary basis only)

(pick one of the following)

☐ Legal Liability

☐ Direct Primary

GARAGEKEEPERS DEDUCTIBLE: ☐ \$500 deductible per auto
☐ \$1,000 deductible per auto
☐ \$2,500 deductible per auto
☐ \$5,000 deductible per auto

19. List All Business Locations To Be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

20. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

Check desired coverages for scheduled autos and/or plates:

- ☐ Liability (Must match the garage liability limit)
- ☐ UM Limit (policy level) \$ _____
- ☐ Medical Payments Limit (Must match the garage medical payments limit)
- ☐ Physical Damage (select type for each unit on which coverage is desired)
- Unit #1: ☐ Specified Perils/Collision **OR** ☐ Comprehensive/Collision
- Unit #2: ☐ Specified Perils/Collision **OR** ☐ Comprehensive/Collision
- Unit #3: ☐ Specified Perils/Collision **OR** ☐ Comprehensive/Collision

Is intow desired? Which units? _____

Intow limit: _____ Intow deductible: _____

RATING INFORMATION

21. EMPLOYEE INFORMATION (Include Independent Contractors)

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State where licensed	Drivers License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

UNDERWRITING INFORMATION

22. Is the operation in question 6 your primary operation? If not, explain. _____ 22. ☐ Yes ☐ No
23. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? 23. ☐ Yes ☐ No
24. (a) Do you sell tires? _____ % of Receipts ☐ New Tires _____ % ☐ Used Tires _____ % 24. (a) ☐ Yes ☐ No
- (b) Do you recap or retread tires? _____ (b) ☐ Yes ☐ No
25. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation. 25. ☐ Yes ☐ No
26. Do you hold a salvage dealer license or operate a salvage yard? 26. ☐ Yes ☐ No
27. Do you salvage cars for resale? 27. ☐ Yes ☐ No
28. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____ % of operation. 28. ☐ Yes ☐ No
29. Do you weld gas tanks? 29. ☐ Yes ☐ No
30. Do you repossess autos? 30. ☐ Yes ☐ No
31. Do you sell parts? _____ 31. ☐ Yes ☐ No
- Gross Receipts from Parts Sold but not Installed: _____
- ☐ Used Parts _____ % ☐ New Parts _____ %
32. Do you have automatic car washes on location? (\$500 deductible applies) 32. ☐ Yes ☐ No
33. (a) Do you spray paint at your business location? 33. (a) ☐ Yes ☐ No
- (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) ☐ Yes ☐ No
34. What percentage of your work involves the following?
- | | | | | | |
|--------------------------|---------|--------------|---------|-------------|---------|
| Autobody repair/Painting | _____ % | Sound System | _____ % | Window Tint | _____ % |
| Tune up | _____ % | Tires | _____ % | Wash/Detail | _____ % |
| Oil & Lube | _____ % | Upholstery | _____ % | | |
| Other (describe) | _____ % | | | | |
35. Do you loan autos to customers? 35. ☐ Yes ☐ No
36. Do you rent autos to customers while their units are left for service repair? 36. ☐ Yes ☐ No
37. Do you furnish autos to anyone? 37. ☐ Yes ☐ No
38. Do you sponsor any racing events? 38. ☐ Yes ☐ No
39. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 39. ☐ Yes ☐ No
40. Do you pick up or deliver customers' autos? 40. ☐ Yes ☐ No
41. **PREMISES**
- Are customers' autos stored in building(s)? 41. ☐ Yes ☐ No
- If no, describe lot (e.g. fenced, lighted, etc.) _____
- Are keys locked when stored after hours? ☐ Yes ☐ No
- Where are keys kept? Explain _____
- Are customers permitted in the service area? ☐ Yes ☐ No
- How many service bays do you have? _____ Any service pits? If so, how many? _____
- Do you have fire and smoke alarms? ☐ Yes ☐ No
- Do you have fire extinguishers? ☐ Yes ☐ No
- Do you occupy all of the premises? ☐ Yes ☐ No
- Do you lease part of premises to others? If yes, to whom? _____ ☐ Yes ☐ No
- Is your operation located at your private residence? ☐ Yes ☐ No
- If yes, do you have homeowners or renters insurance? ☐ Yes ☐ No

MAINE UNINSURED AND UNDERINSURED MOTORISTS SELECTION FORM

This coverage provides protection for persons who are entitled to recover damages because of bodily injury (including resulting death) from an owner or operator of an uninsured motor vehicle, or an insured motor vehicle, whose Liability Coverage limits are less than the insured person's Uninsured Motorists Coverage limits.

<input type="checkbox"/> Basic Limits Accepted as follows:	→	<input type="checkbox"/> Single Limit <input type="checkbox"/> Split Limits	→	<table border="1"><tr><td rowspan="3">Single Limit</td><td colspan="2">Split Limits</td></tr><tr><td colspan="2">Bodily Injury</td></tr><tr><td>Each Person</td><td>Each Accident</td></tr><tr><td colspan="2"></td><td></td><td></td></tr></table>	Single Limit	Split Limits		Bodily Injury		Each Person	Each Accident				
Single Limit	Split Limits														
	Bodily Injury														
	Each Person	Each Accident													
<input type="checkbox"/> Other Limits Accepted as follows:															

UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICE, AS INDICATED ABOVE, WILL CONTINUE REGARDLESS OF ANY ADDITION OR CHANGE IN AUTO COVERAGE ON YOUR CURRENT POLICY OR ADDITION OF ANY SCHEDULED AUTOS AND WILL BE CARRIED FORWARD ON ALL FUTURE RENEWAL POLICIES WITHOUT ADDITIONAL NOTICE.

Applicant's Signature _____ Date _____

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of the Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? ☐ Yes ☐ No If yes, with whom _____

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 OR A DENIAL OF INSURANCE BENEFITS.

Witness _____ Applicant's Signature _____ Date _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

☐ Please quote

☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

Applicant's Representative's Name and Address _____ Phone No. _____