ADDENDUM
SALVAGE OPERATION/ SALVAGE TITLED VEHICLES
AUTO DISMANTLING/REBUILDING OPERATION
SUPPLEMENTARY INFORMATION

1. Named Insured: _______________________________________________________________________

2. Is the salvage yard completely fenced on all four sides? _________________________________
   Describe fence: _______________________________________________________________________

3. Is the salvage yard completely separate from the rest of the insured’s operation? ___________

4. Are customers allowed in the salvage area? _______________________________________________________________________
   If yes, are they accompanied by the Insured &/or Employee? ______________________________

5. Are customers allowed to pull their own parts? _______________________________________________________________________

6. If insured is a used car dealer, are the cars being sold rebuilt autos from the salvage yard? ______
   If yes, advise: _____% Cosmetic Repair _____% Frame Straightening _____% Structural Repair
   _____% Minor Mechanical Repair _____% Major Engine Repair

7. What % of vehicles sold are drivable? _________________________________________________

8. If insured is a repair shop, are customer’s cars kept in a separate area from the salvage yard? ___

9. What percentage of your income comes from: Car Sales_______%       Auto Repair_______%
   Sale of Used Parts_______%

10. Does the insured own a car crusher? _______________________________________________________________________
    If yes, is the car crusher kept on the insured’s premises? _________________________________

11. Does the insured crush cars for others? _______________________________________________________________________
    If yes, is it done on the insured’s premises? ____________________________________________

12. Are the cars in the salvage yard stacked? _______ If yes, how high? _______________________

13. Need a list of all employees that work in conjunction with the salvage yard? _________________

14. If the insured has had separate insurance (GL/M&C) on the salvage yard, who has the prior insurance
    carrier been for the past 3 years? ______________________________________________________

15. Were there any claims reported? __________ If yes, need details and amounts paid. __________

____________________________________     ___________________________________     __________
(Print Applicant’s Name)                                   (Applicant’s Signature)                           (Date)

______________________   _________________________   _________________________   __________
(Agency Name)                     (Agency Address)                      (Agent’s Signature)                 (Date)

CG-SALVAGE OPERATION ADDENDUM (08/08)