

Automobile Service Operations Application

Commonwealth Underwriters, Ltd.
P.O. Box 5441
Richmond, VA 23220
(800) 396-6226 FAX: (804) 213-0429

Policy Term From: _____ To _____

GENERAL INFORMATION

1. Named Applicant (you): _____

2. You are: Individual Partnership Corporation

3. Mailing Address: _____

4. Business Address: _____

5. You are: Owner Tenant Does owner need to be named as additional insured? Yes No
If yes, owner's name _____

6. Your Business is repair of:

	% 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"/> Private Passenger Vehicles	_____	<input type="checkbox"/> Trucks or Truck Tractors	_____
<input type="checkbox"/> Motor Homes	_____	<input type="checkbox"/> Propane Conversions	_____
<input type="checkbox"/> Farm Equipment or Implement Dealer	_____	<input type="checkbox"/> LPG Systems	_____
<input type="checkbox"/> Mobile Homes	_____	<input type="checkbox"/> Buses	_____
<input type="checkbox"/> Mobile Repair	_____	<input type="checkbox"/> Contractor's Equipment	_____
		<input type="checkbox"/> Other _____	_____

7. Insurance is desired from _____ 20_____ to _____ 20_____

8. Person to contact: For Inspection (Name & Phone Number) _____
For Accounting Records (Name & Phone Number) _____

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

10. Is this a new venture? Yes No

11. (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? _____

12. Have you ever filed for reorganization or bankruptcy? Yes No

Date filed _____ Date released _____

13. Are you involved in any auto sales? Yes No If yes, % _____

14. Plates held by Applicant: Dealer Transporter Plate #'s _____
 Repairer Other _____

Are plates used on owned vehicles? Yes No Describe _____

Are plates used on tow trucks? Yes No Describe _____

15. Limits of Liability and Coverage(s) Requested – (Check desired coverage and insert limits)

I. LIABILITY Each Accident Aggregate (Garage operations only)
 Bodily Injury & Property Damage Liability CSL \$ _____ \$ _____
(Property Damage Liability – subject to \$100 deductible completed operations)

II. MEDICAL PAYMENTS
 Premises Medical Payments \$ _____ Each person

III. GARAGEKEEPERS COVERAGE
 Specified Perils and Collision Legal Liability
 \$500 deductible per auto Direct Primary
 \$1,000 deductible per auto Excess Primary
 \$ _____ other deductible per auto

In Tow (Damage to autos while being towed) Limit per vehicle \$ _____ Deductible: _____

16. LOCATIONS TO BE COVERED

Loc. No.	Location	Occupancy	Garagekeepers Limit	Garagekeepers	
		Repair Shop, Painting Shop, etc.		Average/Maximum Value per Auto	Average/Maximum Number of Autos
1					
2					
3					

17. EMPLOYEE AND NON-EMPLOYEE INFORMATION (Include Independent Contractors)

Loc. No.	Name	Job Description	Date of Birth	Drivers License #	State Licensed	Number of Accidents	Number of Violations	Explain

**18. OWNED OR LEASED AUTOS USED IN CONNECTION WITH GARAGE OPERATION
(No coverage afforded unless units are described & specifically charged for)**

Model Year	Trade Name	Serial Number	G.V.W.	Use	Maximum Radius of Operation	Garaging	Deductible	Current Value	Plate Permanently Attached Yes or No

Check desired coverages for scheduled autos and/or plates:

G Liability (Must be the same as the garage liability limit) G Medical Payments Limit _____ G UM Limit _____

UNDERWRITING INFORMATION

- | | | |
|--|-----------|------|
| 19. Is Item 5 your primary operation? If not, explain _____ | 19. G Yes | G No |
| 20. Do you sell or distribute butane, propane, other liquified gas under pressure, or ammonia nitrate? | 20. G Yes | G No |
| 21. (a) Do you sell tires? _____ % of Receipts _____ % New _____ % Used | 21. G Yes | G No |
| (b) Do you recap tires? | G Yes | G No |
| 22. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % _____ | 22. G Yes | G No |
| 23. Do you operate a salvage yard? | 23. G Yes | G No |
| 24. Do you have a salvage title? | 24. G Yes | G No |
| 25. Do you salvage cars for resale? | 25. G Yes | G No |
| 26. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, % _____ | 26. G Yes | G No |
| 27. (a) Do you weld? | 27. G Yes | G No |
| (b) Do you weld gas tanks? | G Yes | G No |
| 28. Do you sell or service hoists, lifts, or like equipment? | 28. G Yes | G No |
| 29. Do you repossess autos? (supplemental needed) | 29. G Yes | G No |
| 30. Do you have a parts store? | 30. G Yes | G No |
- Gross Receipts _____ G Used Parts % _____ G New Parts % _____

31. Is your primary operation valet or attendant parking? 31. G Yes G No
32. Do you have automatic car washes on location? (\$500 deductible applies) 32. G Yes G No
33. Do you have hoists or lifts? 33. G Yes G No
If yes, are they maintained and regularly inspected? G Yes G No
34. (a) Do you spray paint on location? 34. G Yes G No
(b) Do you use booth meeting government standards? G Yes G No
35. Do you take vehicles on consignment? If yes, % _____ 35. G Yes G No
If yes, is value of consigned autos included in garagekeepers limit? G Yes G No

36. PREMISES

- Describe neighborhood: G Commercial G Residential
- Age of building _____ Construction _____ # of floors _____
- Are customer's cars stored in building(s)? 36. G Yes G No
If no, describe lot (i.e. fenced, lighted, etc.) _____
- Are keys locked when stored after hours? G Yes G No
- Where are keys kept? Explain _____
- Do you have fire and smoke alarms? G Yes G No
- Do you have fire extinguishers? G Yes G No
- Do you occupy all of the premises? G Yes G No
- Do you lease part of premises to others? If yes, who _____ G Yes G No

37. (a) PREVIOUS 3 YEARS' CARRIER(S) AND ANY LOSS EXPERIENCE

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

- (b) During the past three (3) years has any insurer cancelled or refused renewals? G Yes G 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? G Yes G No If yes, provide complete details _____

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 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 this 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? G Yes G 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 AND 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:

G Please quote

G Please bind at earliest possible date and issue policy

G 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.