

Garage Spaces

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

- Named Applicant (you): _____
- You are: Individual Partnership Corporation
- Mailing Address: _____
- Business Address: _____
- Web Site Address: _____
- You are: Owner Tenant Does owner of premises need to be named as additional insured? Yes No
If yes, owner's name _____
- Description of Operation: _____
- Your Business is repair of:

<input type="checkbox"/> Motorcycles <input type="checkbox"/> All Terrain Vehicles <input type="checkbox"/> Private Passenger Vehicles <input type="checkbox"/> Motor Homes <input type="checkbox"/> Farm Equipment or Implement Dealer <input type="checkbox"/> Mobile Homes <input type="checkbox"/> Lift Kit (suspension) Installation/Sales <input type="checkbox"/> Other _____	% of Operation _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Boats <input type="checkbox"/> Utility Trailers, Semi-Trailers, Trailers <input type="checkbox"/> Trucks or Truck Tractors <input type="checkbox"/> Propane Conversions <input type="checkbox"/> LPG Systems <input type="checkbox"/> Buses <input type="checkbox"/> Contractor's Equipment	% of Operation _____ _____ _____ _____ _____ _____ _____
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- What percentage of your business is mobile repair? _____ %
- Person to contact: For Inspection (Name & Phone Number) _____
For Accounting Records (Name & Phone Number) _____
- Current management has controlled business since _____ (year) and has been in this type of business since _____ (year)
- Is this a new venture? Yes No

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

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

- During the past three (3) years has any insurer cancelled or refused renewals? Yes No If yes, explain _____
- 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 _____

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

Name	Years with Company	% of Ownership

- What is estimated net worth of the business? _____ (c) Gross receipts last year? _____
- Have you ever filed for reorganization or bankruptcy? Yes No
Date filed _____ Date released _____

16. Are you involved in any auto sales? Yes No If yes, % _____
 17. Do you take vehicles on consignment? Yes No If yes, % _____
 If yes, is value of consigned autos included in garagekeepers limit? Yes No
 18. Plates held by Applicant: Dealer Transporter
 Repairer Other

Plate #'s _____

Are plates used on owned vehicles? Yes No Describe _____

Are plates used on tow trucks? Yes No Describe _____

19. 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) (Maximum Aggregate Limit - 2 million)
- II. MEDICAL PAYMENTS
 Premises Medical Payments \$ _____ Each person Choose Limit : \$500 \$750 \$1,000 \$2,000 \$5,000
- 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: _____

20. BUSINESS 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					

21. EMPLOYEE INFORMATION (Include Independent Contractors)

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

**22. 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:

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

UNDERWRITING INFORMATION

23. Is operation in question 7 your primary operation? If not, explain _____ 22. Yes No
24. Do you sell or distribute butane, propane, other liquified gas under pressure, or ammonia nitrate? 23. Yes No
25. (a) Do you sell tires? _____ % of Receipts _____ % New _____ % Used 24. Yes No
(b) Do you recap tires? Yes No
26. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % _____ 25. Yes No
27. Do you hold a salvage dealer license or operate a salvage yard? 26. Yes No
28. Do you salvage cars for resale? 27. Yes No
29. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, % _____ 28. Yes No
30. Do you weld gas tanks? 29. Yes No
31. Do you sell or service hoists, lifts, or like equipment? 30. Yes No
32. Do you repossess autos? 31. Yes No
33. Do you sell parts? 32. Yes No
Gross Receipts of Parts Sales _____ Used Parts % _____ New Parts % _____
34. Is your primary operation valet or attendant parking? 33. Yes No
35. Do you have automatic car washes on location? (\$500 deductible applies) 34. Yes No
36. (a) Do you spray paint on location? 35. Yes No
(b) Do you use a booth meeting government standards? Yes No

37. PREMISES

- Age of building _____ Construction _____ # of floors _____
- Are customer's cars stored in building(s)? 36. Yes No
If no, describe lot (i.e. fenced, lighted, etc.) _____
- Are keys locked when stored after hours? Yes No
- Where are keys kept? Explain _____
- 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, who _____ Yes No
- Is your operation located at your private residence? Yes No
- If yes, do you have homeowners or renters insurance? Yes No

GARAGE SUPPLEMENTAL

Total Sales/Receipts for Entire Operation \$ _____

PLEASE INDICATE THE % OF THE OPERATIONS INVOLVING THE FOLLOWING:

Tire Sales	_____ %
Contractor Equipment/Farm Implement Repair	_____ %
Auto Parts Sales – NEW – NOT Installed by the Named Insured	_____ %
Lift Kit Sales – INSTALLED by the Named Insured	_____ %
Lift Kit Sales – OVER THE COUNTER SALES – NOT Installed by Insured	_____ %
Accessory Sales	_____ %
Trailer Hitch Installation	_____ %
Trailer Hitch Repair	_____ %
Propane Appliance Service or Installation	_____ %
Propane Fuel Sales	_____ %
Welding (NOT associated with hitch work)	_____ %
Automobile Vehicle Sales	_____ %
Truck/Tractor Vehicle Sales	_____ %
RV/Trailer Vehicle Sales	_____ %
Motorcycle/ATV Vehicle Sales	_____ %
Other (Describe) _____	_____ %

**POLICYHOLDER DISCLOSURE
NOTICE OF INSURANCE COVERAGE FOR CERTIFIED ACTS OF TERRORISM**

You are hereby notified that, under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act.

The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States: to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your policy may be affected as follows:

You should know that coverage provided by this policy for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays a percentage of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

You should also know that your policy does not provide coverage for acts of terrorism that are not certified by the Secretary of the Treasury.

Election or Rejection of Certified Terrorism Insurance Coverage

You must elect or reject this coverage for losses arising out of certified acts of terrorism, as defined in Section 102(1) of the Act, before the effective date of this policy. Your coverage cannot be bound unless our representative has received this form signed by you on behalf of all insureds with all premiums due.

Coverage election.

I hereby elect to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act for a prospective annual premium of \$ _____. I understand that I will not have coverage for losses arising from any non-certified acts of terrorism.

OR

Coverage rejection.

I hereby elect **not** to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act. I understand that I will not have coverage for any losses arising from certified or non-certified acts of terrorism.

_____ Policyholder/Applicant's Signature- Must be person authorized to sign for all Insureds.
_____ Print Name
_____ Named Insured
_____ Date

_____ Insurance Company
_____ Policy Number
_____ Submission Number
_____ Producer Number
_____ Producer Name
_____ Street Address
_____ City, State, Zip

The producer shown above is the wholesale insurance broker your insurance agent used to place your insurance coverage with us. Please discuss this Disclosure with your agent before signing.