

Auto Repair Supplemental Questionnaire



Annual Receipts from:

Shop Operations \$	Gas Sales \$	Convenience Store \$
Tire Sales \$	Used Tires \$	Auto Accessories \$
Motorcycle Repair \$	Snowmobile/ATV Repair \$ _____	
Trailer Hitches/other structural modifications \$		Propane/ LPG Sales \$
Mobile (off premises) service or repair \$		Work on heavy trucks (GVW > 35,000) \$
Other (describe) \$		

Total # of Employees	
# of Mechanics	
# of ASE Certified Mechanics	
# of ASE Certified Master Mechanics	
# of I-CAR certified owners/employees	

	Yes	No
Do you use an automated facility management system or a body shop management system	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a 3-D frame measuring system	<input type="checkbox"/>	<input type="checkbox"/>
Are work orders kept permanently	<input type="checkbox"/>	<input type="checkbox"/>
Do work orders have the mechanics signature	<input type="checkbox"/>	<input type="checkbox"/>
Any guard dogs, pet dogs or fire arms on premises	<input type="checkbox"/>	<input type="checkbox"/>
Customers allowed in work area	<input type="checkbox"/>	<input type="checkbox"/>
No smoking allowed in work areas	<input type="checkbox"/>	<input type="checkbox"/>
Written estimates for repair work	<input type="checkbox"/>	<input type="checkbox"/>
Proper storage and disposal of flammable substances in compliance with NFPA 30 Flammable and Combustible Liquids code	<input type="checkbox"/>	<input type="checkbox"/>
Paint Booths and Drying Chambers meet NFPA 33 standards	<input type="checkbox"/>	<input type="checkbox"/>
Drying chambers have emergency shutdown system	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers located in repair areas and serviced annually.	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with environmental quality regulations	<input type="checkbox"/>	<input type="checkbox"/>
Do you rebuild or remanufacture parts such as starters, alternators, or brakes	<input type="checkbox"/>	<input type="checkbox"/>
Any modifications made such as lift kits, handicap modification, roll bars, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Do you work on racing or demonstration vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Any underground storage tanks on premises now or in the past	<input type="checkbox"/>	<input type="checkbox"/>
Pollution Liability policy in-force	<input type="checkbox"/>	<input type="checkbox"/>
Do you or have in the past you sold new or used vehicles or trailers	<input type="checkbox"/>	<input type="checkbox"/>
Number of Dealer Plates		
Do you offer a shuttle service	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many passengers at one time	How far will you transport customers	
Do you lend any vehicles to customers or have loaner cars available	<input type="checkbox"/>	<input type="checkbox"/>
Any Pick up or delivery of customer's cars?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe method and frequency:		
Do you offer tow-truck services	<input type="checkbox"/>	<input type="checkbox"/>
If yes, Describe:		

Garagekeepers (customer's vehicles)

	Number of vehicles	Maximum values
In locked, secured building:		
In fenced, secured storage area:		
In an unsecured area:		
Describe how customers' key are secured:		
Describe any security devices (cameras, alarms, etc):		



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No.): E-MAIL ADDRESS: CODE: SUBCODE: AGENCY CUSTOMER ID:	CARRIER		NAIC CODE
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
	POLICY NUMBER		
	UNDERWRITER		UNDERWRITER OFFICE
	STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW
		BOUND (Give Date and/or Attach Copy):	
		<input type="checkbox"/> CHANGE DATE	<input type="checkbox"/> TIME <input type="checkbox"/> AM
		<input type="checkbox"/> CANCEL	<input type="checkbox"/> PM

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT	
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT	
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT	
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES	
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (if applicable)	
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE	
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
LOSS SUMMARY		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
						\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (Including ZIP+4) CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #:							
WEBSITE ADDRESS							
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
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BUSINESS PHONE #:							
WEBSITE ADDRESS							

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N												
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">PARENT COMPANY NAME</th> <th style="width:30%;">RELATIONSHIP DESCRIPTION</th> <th style="width:20%;">% OWNED</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED										
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1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">SUBSIDIARY COMPANY NAME</th> <th style="width:30%;">RELATIONSHIP DESCRIPTION</th> <th style="width:20%;">% OWNED</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED										
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> OSHA													
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?													
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">LINE OF BUSINESS</th> <th style="width:25%;">POLICY NUMBER</th> <th style="width:25%;">LINE OF BUSINESS</th> <th style="width:25%;">POLICY NUMBER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER										
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):													
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?													
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).													
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OCCURRENCE DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLUTION DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE									
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE										
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OCCURRENCE DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLUTION DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE									
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10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OCCURRENCE DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLUTION DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE									
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11. HAS BUSINESS BEEN PLACED IN A TRUST? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:100%;">NAME OF TRUST</th> </tr> <tr> <td> </td> </tr> </table>	NAME OF TRUST												
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12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)													
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?													

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED	

COVERAGES		LIMITS		PREMIUMS	
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE		\$	PREMISES/OPERATIONS
<input type="checkbox"/>	CLAIMS MADE <input type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:	<input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER		PRODUCTS
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE		\$	OTHER
<input type="checkbox"/>	PROPERTY DAMAGE \$	PERSONAL & ADVERTISING INJURY		\$	TOTAL
<input type="checkbox"/>	BODILY INJURY \$	EACH OCCURRENCE		\$	
<input type="checkbox"/>	\$	DAMAGE TO RENTED PREMISES (each occurrence)		\$	
	<input type="checkbox"/> PER CLAIM	MEDICAL EXPENSE (Any one person)		\$	
	<input type="checkbox"/> PER OCCURRENCE	EMPLOYEE BENEFITS		\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (P) PAYROLL - PER \$1,000/PAY (M) ADMISSIONS - PER 1,000/ADM (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ REFERENCE / LOAN #: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____ _____
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N																								
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?																									
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?																									
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)																									
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?																									
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">EQUIPMENT</th> <th colspan="2" style="width:30%;">TYPE OF EQUIPMENT</th> <th style="width:20%;">INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="width:15%;">SMALL TOOLS</td> <td style="width:15%;">LARGE EQUIPMENT</td> <td> </td> </tr> <tr> <td> </td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td> </td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT														
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6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?																									
7. ANY PARKING FACILITIES OWNED/RENTED?																									
8. IS A FEE CHARGED FOR PARKING?																									
9. RECREATION FACILITIES PROVIDED?																									
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"># APTS</th> <th style="width:15%;">TOTAL APT AREA Sq. Ft.</th> <th style="width:75%;">DESCRIBE OTHER LODGING OPERATIONS</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																						
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11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)																									
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																									
12. ARE SOCIAL EVENTS SPONSORED?																									
13. ARE ATHLETIC TEAMS SPONSORED?																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">TYPE OF SPORT</th> <th style="width:10%;">CONTACT SPORT (Y/N)</th> <th style="width:10%;">AGE GROUP</th> <th style="width:10%;">13 - 18</th> <th style="width:25%;">TYPE OF SPORT</th> <th style="width:10%;">CONTACT SPORT (Y/N)</th> <th style="width:10%;">AGE GROUP</th> <th style="width:10%;">13 - 18</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>12 & UNDER</td> <td><input type="checkbox"/> OVER 18</td> <td> </td> <td> </td> <td>12 & UNDER</td> <td><input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="4">EXTENT OF SPONSORSHIP: _____</td> <td colspan="4">EXTENT OF SPONSORSHIP: _____</td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18			12 & UNDER	<input type="checkbox"/> OVER 18			12 & UNDER	<input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP: _____				EXTENT OF SPONSORSHIP: _____				
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		12 & UNDER	<input type="checkbox"/> OVER 18			12 & UNDER	<input type="checkbox"/> OVER 18																		
EXTENT OF SPONSORSHIP: _____				EXTENT OF SPONSORSHIP: _____																					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?																									
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?																									

AGENCY CUSTOMER ID: _____



PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY NAME	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION			
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED: _____	
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:				MANUFACTURER: _____				
OTHER: YR: _____									

PRIMARY HEAT				SECONDARY HEAT			
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
-----------------------------------------	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER
		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:	ITEM:
<input type="checkbox"/>					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

REMARKS

FRAUD NOTICES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)
 IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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 OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

REMARKS



EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
			<input type="checkbox"/> AGENCY <input type="checkbox"/> DIRECT		
CODE: AGENCY CUSTOMER ID	SUBCODE:	FOR COMPANY USE ONLY			

TERRITORY OF OPERATION	TYPE OF OPERATION

COVERAGE/DEDUCTIBLE

EQUIPMENT STORAGE				UNSCHEDULED EQUIPMENT				
LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY	DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
		IN BUILDING	OUTSIDE					
		\$	\$					0.00%
		\$	\$					
		\$	\$					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS				ACORD 45 Attached			
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:	
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:	
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:	
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							

GENERAL INFORMATION		Y / N
EXPLAIN ALL "YES" RESPONSES		
1. EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?		<input type="checkbox"/>
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?		<input type="checkbox"/>
3. PROPERTY USED UNDERGROUND?		<input type="checkbox"/>
4. ANY WORK DONE AFLOAT?		<input type="checkbox"/>