



Auto Repair Product Application - Property

All questions must be answered and application must be signed by applicant.

- Applicants' Name: _____
- Are we the expiring carrier for this coverage? Yes No
If yes, provide policy number(s) _____
- Applicant is: Sole Proprietorship Partnership Corporation LLC Other _____
- Mailing Address: _____
- Email Address: _____
- Location Address: _____
- Location # _____ ***Note:** submit a separate application for each location.
- Does the applicant have a website? Yes No
If Yes, provide web address: _____
- Inspection Contact Name: _____ Telephone Number: _____
E-mail Address _____
- Building Interest: Owner Tenant If tenant, part occupied _____ %
- Business of Applicant (Check all that apply):
 General Mechanical Repair Auto Body Repair / Painting / Rustproofing Quick Lube Shop
 Transmission Repair Shop Brakes / Mufflers / Wheel Alignment Radiator Shop
 Auto Cleaning / Detailing Truck Repair Other – Describe _____

12. Limits Desired and Rating Information.

Building Construction	Protection Class	Deductible	Cause of Loss
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
Building Limit:	\$ _____	Coinsurance (80% minimum) _____ <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Improvements and Betterments Limit:	\$ _____	Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit:	\$ _____	Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit:	\$ _____	Coinsurance: _____ <u>or</u> Monthly Limit of Indemnity <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> With Extra Expense <input type="checkbox"/> Without Extra Expense	
<input type="checkbox"/> Value Plus Endorsement (Requires a Central Station Burglar Alarm)			
<input type="checkbox"/> Outdoor Signs \$ _____			
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

- Has the applicant or majority partner filed for bankruptcy within the past five years? Yes No
- Any back taxes owed? Yes No
- Is all electrical system connected to functional and operational circuit breakers? Yes No
- Does the electrical system have aluminum wiring? Yes No
- Does the electrical system have knob & tube wiring? Yes No
- Are there functional smoke detectors and/or heat detectors in all units and/or occupancies? Yes No
- Has owner ever been convicted of the felony of arson? Yes No
- Are there any uncorrected fire code violations? Yes No



21. Is there evidence of fire damage, water damage, broken windows, or breaks in pavements or floor? Yes No
22. Is the plumbing completely PVC or Copper (No Iron or Lead)? Yes No
23. Type of roof? Flat Pitched
24. Roof Updated, yr. _____ Electrical Updated, yr. _____ Plumbing Updated, yr. _____ Heating Updated, yr. _____
25. If applicant is the building owner, are there other occupancies? Yes No
If yes, describe _____
26. Total Sq Ft of building _____ Area occupied by the Applicant – Sq. Ft. _____ Apartment Area – Sq. Ft. _____
of Apartment Units _____ Area Leased to Others – Sq. Ft. _____
27. Age of building: _____
28. Are there vacancies in building? Yes No If “yes,” what is the percentage? _____%
29. Describe any adjacent exposures _____
30. Burglar Alarm: Local Central Station Burglar Alarm
31. Fire Protection: Sprinklers Central Station Fire Alarm
 Local Fire Alarm Annually Service Fire Extinguisher(s)
32. Do any of the following exposures exist?
 Painting Is there a UL approved paint spray booth Yes No
 Gas pumps Are the pumps protected by a vehicle barrier or stops Yes No
 Acetylene torch cutting Manufacturing Propane tank filling Tire Re-treading/Recapping Welding
33. Are all rags stored in a fire resistive container when the shop is closed? Yes No
34. Are all flammables stored in a fire resistive cabinet? Yes No
35. Is there a “No Smoking” policy in the shop? Yes No
36. Is any cooking done in the building? Yes No
37. Within the past **five (5)** years, has **Property** coverage been cancelled or non-renewed? Yes No

Date	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

Carrier	Policy Term	Limits	Premium

If “yes,” explain: _____

38. **Loss History for Property** for **past three (3)** years: If none, check here
39. List expiring **Property** carrier, term, limits and premium:
40. Mortgagee / Loss Payee. List Name, Address and Interest of each:



Name: _____

Address: _____

Interest: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Title _____ Date: _____
(Owner, Principal, or Partner)

Broker's Signature: _____ Date: _____

Address: _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail Completed Application Through Local Agent or Broker to: _____