



AUTO REPAIR PRODUCT APPLICATION - PROPERTY

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

- 1. Applicants' Name:
2. Are we the expiring carrier for this coverage?
3. Applicant is: Sole Proprietorship, Partnership, Corporation, LLC, Other
4. Mailing Address:
5. Email Address:
6. Location Address:
7. Location #
8. Does the applicant have a website?
9. Inspection Contact Name, Telephone Number, E-mail Address
10. Building Interest: Owner, Tenant, If tenant, part occupied
11. Business of Applicant (Check all that apply): General Mechanical Repair, Auto Body Repair, Quick Lube Shop, etc.

12. Limits Desired and Rating Information.

Table with 4 columns: Building Construction, Protection Class, Deductible, Cause of Loss. Rows include Building Limit, Improvements and Betterments Limit, Business Personal Property Limit, Business Income Limit, and various endorsements like Value Plus and Equipment Breakdown.

- 13. Has the applicant or majority partner filed for bankruptcy within the past five years?
14. Any back taxes owed?
15. Is all electrical system connected to functional and operational circuit breakers?
16. Does the electrical system have aluminum wiring?
17. Does the electrical system have knob & tube wiring?
18. Has owner ever been convicted of the felony of arson?
19. Are there any uncorrected fire code violations?
20. Is there evidence of fire damage, water damage, broken windows, or breaks in pavements or floor?
21. Is the plumbing completely PVC or Copper (No Iron or Lead)?
22. Type of roof? Flat, Pitched
23. Roof Updated, yr. Electrical Updated, yr. Plumbing Updated, yr. Heating Updated, yr.
24. If applicant is the building owner, are there other occupancies?
25. 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.

26. Age of building: \_\_\_\_\_
27. Are there vacancies in building?  Yes  No If "yes," what is the percentage? \_\_\_\_\_%
28. Describe any adjacent exposures \_\_\_\_\_
29. Burglar Alarm:  Local  Central Station Burglar Alarm
30. Fire Protection:  Sprinklers  Central Station Fire Alarm  
 Local Fire Alarm  Annually Service Fire Extinguisher(s)
31. 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
32. Are all rags stored in a fire resistive container when the shop is closed?  Yes  No
33. Are all flammables stored in a fire resistive cabinet?  Yes  No
34. Is there a "No Smoking" policy in the shop?  Yes  No
35. Is any cooking done in the building?  Yes  No
36. Within the past **five (5)** years, has **Property** coverage been cancelled or non-renewed?  Yes  No  
 If "yes," explain: \_\_\_\_\_

37. **Loss History for Property for past three (3) years:**  If none, check here

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

38. List expiring **Property** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

39. Mortgagee / Loss Payee. List Name, Address and Interest of each:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Interest: \_\_\_\_\_

**Fraud Statement:** Any person who knowingly and with the 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 may subject such person to criminal and/or civil penalties and other sanctions.

**Applicant's Warranty Statement:** I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent.

**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 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 the 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 non payment of premium."

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Owner or Officer)

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: