

- NATIONAL INDEMNITY COMPANY
- NATIONAL FIRE & MARINE INSURANCE COMPANY
- COLUMBIA INSURANCE COMPANY
- NATIONAL LIABILITY & FIRE INSURANCE COMPANY
- NATIONAL INDEMNITY COMPANY OF MID-AMERICA
- WESCO-FINANCIAL INSURANCE COMPANY

**SUBMIT TO:**

Pacific International Underwriters, Inc  
 P.O. Box 2007  
 Edmonds, Washington 98020  
 206-771-8988 phone  
 206-775-9046 fax

(General Agent)

**AUTOMOBILE SERVICE OPERATIONS APPLICATION**

**GENERAL INFORMATION**

1. Named Applicant (you): \_\_\_\_\_

2. You are:  Individual  Partnership  Corporation

3. Mailing Address: \_\_\_\_\_

4. Business Address: \_\_\_\_\_

5. Your Business is: Repair \_\_\_\_\_ Sales \_\_\_\_\_

- Motorcycles
- All Terrain Vehicles
- Private Passenger Vehicles
- Motor Homes
- Equipment or Implement Dealer
- Mobile Homes
- Boats, buses, contractors' equipment, farm equipment
- Utility Trailers, Semi-Trailers, Trailers
- Trucks or Truck Tractors
- Propane Conversions
- LPG Systems
- Other \_\_\_\_\_

6. Insurance is desired from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

7. Person to contact: For Inspection (Name & Phone Number) \_\_\_\_\_

For Accounting Records (Name & Phone Number) \_\_\_\_\_

8. Current management has controlled business since \_\_\_\_\_ (year) and has been in this type of business since \_\_\_\_\_ (year)

9. (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? \_\_\_\_\_

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

Date filed \_\_\_\_\_ Date released \_\_\_\_\_

11. 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 \_\_\_\_\_

**12. 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
- Damage to autos while being towed Limit per vehicle \$ \_\_\_\_\_

**13. LOCATIONS TO BE COVERED**

Loc. No.	Location	Occupancy	Garage Liability	Garagekeepers Liability	
		Repair Shop, Painting Shop, etc.	Estimated Annual Payrolls	Limit of Liability	Maximum Number of Autos
1					
2					
3					

**14. EMPLOYEE AND NON-EMPLOYEE INFORMATION (Include Independent Contractors)**

Loc. No.	Name	Duty	Estimated Annual Payroll	Date of Birth	Drivers License #	State Licensed	Number of Accidents	Number of Violations	Explain

**15. OWNED OR LEASED AUTOS USED IN CONNECTION W/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	Current Value	Plate Permanently Attached Yes or No

Check desired coverages:

Liability     Medical Payments     UM Limit \_\_\_\_\_     Physical Damage Ded. \_\_\_\_\_

**UNDERWRITING INFORMATION**

- |  |  |
|--|--|
| 16. Is Item 5 your primary operation?    If not, explain _____   | 16. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Do you sell or distribute butane, propane, other liquified gas under pressure, or ammonia nitrate? | 17. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. (a) Do you sell tires? _____ % of Receipts    _____ % New    _____ % Used                          | 18. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you recap tires?  | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 19. Do you install trailer hitches or 5th wheel connections?   | 19. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Do you operate a salvage yard?   | 20. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Do you have a salvage title?   | 21. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Do you salvage cars for resale?  | 22. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Do you dismantle automobiles?  | 23. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. (a) Do you weld?   | 24. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you weld gas tanks?   | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 25. Do you sell or service hoists, lifts, or like equipment?   | 25. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Do you repossess autos? (supplemental needed)  | 26. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Do you have a parts store?   | 27. <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Gross Receipts \_\_\_\_\_     Used Parts     New Parts

28. Is your primary operation valet or attendant parking? \_\_\_\_\_ # of parking spaces \_\_\_\_\_
29. (a) Nature of operation valet being performed for? \_\_\_\_\_  
 (\$500 deductible applies)
- (b) More than one location? 29.  Yes  No
30. Do you have automatic car washes on location? (\$500 deductible applies) 30.  Yes  No
31. Do you tow vehicles? (If yes, separate coverages must be purchased for in tow coverage) 31.  Yes  No
32. Do you provide towing and storage for municipalities? 32.  Yes  No  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
33. Do you have hoists or lifts? 33.  Yes  No  
 If yes, are they maintained and regularly inspected?  Yes  No
34. (a) Do you spray paint on location? 34.  Yes  No  
 (b) Do you use booth meeting government standards?  Yes  No
35. Do you take vehicles on consignment? 35.  Yes  No

**36. PREMISES**

Describe neighborhood:  Commercial  Residential

Age of building \_\_\_\_\_ Construction \_\_\_\_\_ # of floors \_\_\_\_\_

Are customer's cars stored in building(s)?

36.  Yes  No

Are keys locked when stored after hours?

Yes  No

Where are keys kept? Explain \_\_\_\_\_

Animal on location? If yes, explain \_\_\_\_\_

Yes  No

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

**38. (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?  Yes  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?  Yes  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?  Yes  No If yes, with whom \_\_\_\_\_

\_\_\_\_\_  
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:**

Please quote

Please bind at earliest possible date and issue policy

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.

