



Applicant Name:

Rental Operations:

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do you operate a Rental or Leasing operation at any location scheduled on this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a General Liability Policy in place covering this operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a Commercial Auto Liability Policy in place covering this operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide the details of this operation in a narrative: _____ | | |

Service Station Operations:

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do you operate a Service Station operation at any location scheduled on this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a General Liability Policy in place covering this operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide the details of this operation in a narrative: _____ | | |

Dismantling/Salvage/Scrap Metal

- | | Yes | No |
|--|--------------------------|--------------------------|
| Do you operate a Dismantling Salvage, Scrap Metal operation at any location scheduled on this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have General Liability Policy in place covering this operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or have you ever owned or leased a crushing machine? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you allow third party vendors to perform crushing on your property? | <input type="checkbox"/> | <input type="checkbox"/> |
| What portion of the total revenue does this operation represent? _____% | | |
| Please provide the details of this operation in a narrative: _____ | | |

None of the below _____

Repairs: Garage Operations Questionnaire:

- | | Yes | Auto
No |
|---|--------------------------|--------------------------|
| Do you sell used auto parts? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are ALL of your service and repair mechanics Professionally/ASE Certified? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you own or lease any cranes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you perform any type of welding at any locations scheduled on this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any dogs on premises during or after hour? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have gas sales at any location scheduled on this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any underground storage tanks at any location scheduled on this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you own or lease out limousines, van, or buses? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you own or operate a car wash at any location scheduled on this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you restrict the public from entering your garage work area? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide an area for customers to wait while their vehicle is repaired? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you operate a Convenience Store at any location scheduled on this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the facility inspected by a governmental agency on an annual basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you retain written records on all repairs performed by your operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| What portion of the total revenue does this operation represent? _____% | | |
| Are repairs performed on private passenger autos? | <input type="checkbox"/> | <input type="checkbox"/> |



Are repairs performed on commercial autos or heavy equipment?

Do you own, sponsor, or work on "race cars"

Describe the types of the repairs performed: _____

Describe the use of any dealer/transport tags: _____

Describe the Housekeeping of this risk: Excellent Satisfactory Fair Needs Improvement

How many service bays do you have? _____ How many of those bays have a lift system to hoist automobiles? _____

Do you engage in the Sale or Service of:

<input type="checkbox"/> ATVs	<input type="checkbox"/> Motorcycles	<input type="checkbox"/> Gray Market Vehicles
<input type="checkbox"/> Boats	<input type="checkbox"/> Stretch Vehicles	<input type="checkbox"/> Kit Cars
<input type="checkbox"/> RV's	<input type="checkbox"/> Van Conversions	

Auto Body Shop:

	Yes	No
Do you operate an Auto Body Shop operation at any location scheduled on this policy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a paint booth?	<input type="checkbox"/>	<input type="checkbox"/>
Do you paint cars outside of the booth?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a UL approved Paint Booth?	<input type="checkbox"/>	<input type="checkbox"/>
Do you store paints/solvents/rags in UL approved cabinets/containers when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you weld any parts together during repair?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Frame Straightening Machine?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the name and description of the Frame Straightening Machine. _____		
Is it a Computerized Frame Straightener? _____		
What portion of the total revenue does this operation represent? _____ %		
Please provide the details of this operation in a narrative: _____		