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MARKET SEGMENT APPLICATION—AUTO SERVICE RISKS

Applicant's Name: _____
 DBA: _____
 Mailing Address: _____
 Street Address: _____
 Telephone Number: (____) _____
 Web site: _____
 Fax Number: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From: _____ To: _____
 12:01 A.M., Standard Time, at the mailing address of applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____ Number of years at this location: _____
3. **Describe all business operations conducted by applicant:** _____

4. **Inspection Contact Person/Telephone:** _____

PROPERTY SECTION

5. a. **Premises information:**

Loc. No. 1		Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Causes of Loss	Deductible	Special Conditions	
	Building	\$				\$		
	Contents	\$				\$		
	Mechanical Breakdown	\$				\$		
	Other	\$				\$		
Bldg. No.	Mortgagee or loss payee:							

	Additional coverages, restrictions and endorsement information:	Other carriers participating on risk: 1. _____ % 2. _____ %
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- Construction type: _____
- Protection class: _____
- Number of stories: _____
- Total square foot area: _____
- Total number of units: _____
- Sprinklered?..... Yes No
- Operable smoke detectors? ... Yes No
- Year built: _____
- Building remodeling (include year):
Wiring?..... Yes No
Year: _____

- Heating? Yes No
Year: _____
- Plumbing? Yes No
Year: _____
- Roof? Yes No
Year: _____

- Burglar alarm type: Local Central Station
- Fire alarm type: Local Central Station
- Are any locations residential? Yes No

Loc. No. 2		Street, City, County, State, Zip Code				Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Causes of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Mechanical Break-down	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk: 1. _____ % 2. _____ %		

- Construction type: _____
- Protection class: _____
- Number of stories: _____
- Total square foot area: _____
- Total number of units: _____
- Sprinklered?..... Yes No
- Operable smoke detectors? ... Yes No
- Year built: _____
- Building remodeling (include year):
Wiring?..... Yes No
Year: _____

- Heating? Yes No
Year: _____
- Plumbing? Yes No
Year: _____
- Roof? Yes No
Year: _____

- Burglar alarm type: Local Central Station
- Fire alarm type: Local Central Station
- Are any locations residential? Yes No

Loc. No. 3	Street, City, County, State, Zip Code						Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Causes of Loss	Deductible	Special Conditions	
	Building	\$				\$		
	Contents	\$				\$		
	Mechanical Break-down	\$				\$		
	Other	\$				\$		
Bldg. No.	Mortgagee or loss payee:							
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk:				
			1. _____ %					
			2. _____ %					

- Construction type: _____
- Protection class: _____
- Number of stories: _____
- Total square foot area: _____
- Total number of units: _____
- Sprinklered?..... Yes No
- Operable smoke detectors? ... Yes No
- Year built: _____
- Building remodeling (include year):
Wiring?..... Yes No
Year: _____

- Heating? Yes No
Year: _____
- Plumbing? Yes No
Year: _____
- Roof? Yes No
Year: _____
- Burglar alarm type: Local Central Station
- Fire alarm type: Local Central Station
- Are any locations residential? Yes No

b. Lessors' Property:

Description of Premises: _____

Description of Leased Property: _____

Name of Lessor: _____

Limit of Insurance: _____ Per Occurrence

c. Customers' Autos

Loss or Damage to Customers' Autos	Loc.	Enter the Limit for Each Location Max. Value of All Autos in your C.C.C.	# of Autos	Deductible Per Event	Max. Ded. For Any One Event
<input type="checkbox"/> Legal liability coverage for loss or damage to customers' autos	1	\$		\$	\$
	2	\$		\$	\$
<input type="checkbox"/> Direct primary coverage for loss or damage to customers' autos	3	\$		\$	\$
<input type="checkbox"/> Direct coverage for loss or damage to customers' autos and other customers' property					
Other Coverage—Specify:					

d. Optional Increased Limits for Mandatory Coverages, MS AS 01 (Auto Services Endorsement):

Location No.: _____ **Building No.:** _____

1. Money and Securities Limit of Insurance \$ _____ (max limit \$10,000)
2. Outdoor Signs Limit of Insurance \$ _____ (max limit \$10,000)
3. Employee Dishonesty Limit of Insurance \$ _____ (max limit \$10,000)
4. Valuable Papers and Records Limit of Insurance \$ _____ (max limit \$250,000)
5. Employee Tools Limit of Insurance \$ _____ (max limit \$10,000)
6. Accounts Receivable Limit of Insurance \$ _____ (max limit \$250,000)

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6. Accounts Receivable Limit of Insurance \$ _____ (max limit \$250,000)

GENERAL LIABILITY SECTION

6. a. Limits and Deductible Requested:

Limits of Liability		
General Aggregate		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury		\$
Each Occurrence		\$
Fire Damage (any one fire)		\$
Medical Expenses (any one person)		\$
Hired Auto Liability	Cost of Hire \$	\$
Non-owned Auto Liability	# of Employees	\$
Other Coverages, Restrictions and/or Endorsements	\$	\$
	Deductible \$	\$

b. Schedule of Hazards:

Loc. No.	Description of Operations	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others

	Repair		Total Annual Gross Receipts from:
Private Passenger Autos (include pickups & vans)	___%	Repair	\$ _____
Motorcycles/Boats/Snowmobiles	___%	Tow Truck Operation	\$ _____
Motor Homes/Utility Trailers/Campers	___%	Other	\$ _____
Truck Tractors/Trailers/Semi-Trailers/5th Wheels	___%	Tire Sales	\$ _____
Farm Machinery/Contractors Equipment	___%		
Other—Describe: _____	___%	Total Receipts	\$ _____
	100%		

c. List any Owned Autos:

Year, Model	Cost New	VIN	Use

GENERAL INFORMATION SECTION

A. Please Answer All Questions:

- Do you modify vehicles for:
 Style? Yes No
 Performance? Yes No
 Handling Characteristics? Yes No
 If "Yes," complete **B.** below.
- Do you install trailer hitches? Yes No
 Advise Percentage of total sales for hitch installation or repair: _____%
- Do you perform any welding? Yes No
 If "Yes," explain: _____
- Do you install or repair butane, propane or liquid petroleum systems? Yes No
- Do you conduct any spray painting operations? Yes No
 If "Yes," do you have an OSHA or NFPA approved spray booth? Yes No
 If "No," explain extent of spray painting operations: _____
- Do you have any storage of oil, gasoline or other petroleum products? Yes No
 If "Yes," explain: _____
- Do you recap any tires? Yes No
- Do you rent or loan autos to your customers while their autos are left with you for service or repair? Yes No
 If "Yes," explain: _____
- Indicate the number of license plates you have: Dealers _____ Regular _____ Transporter _____ Other _____
- Do you pick up or deliver automobiles? Yes No
 If "Yes," indicate radius in miles: 50 mi _____% 50-200 _____% over 200 _____%
- Are there any dogs on premises? Yes No
- Do you repossess autos? Yes No
 List the five largest entities for which you tow (commercial & auto clubs, police): _____
- Are you towing for these entities under contract? Yes No

Do your wreckers/tow trucks have police band radios or scanners?..... Yes No
If yes, explain use: _____

13. For wreckers/tow trucks: Type of vehicles towed? _____
14. Any Filings Required? Yes No
Advise Carrier Number: _____ Type of Filing: _____
15. Do you engage in any dismantling/salvage or rebuilding autos?..... Yes No
If yes, please explain in **C.** below.
16. Are any automobiles consigned? Yes No
17. Where are keys to autos kept at night? _____ During business hours? _____
18. Are autos kept: Inside ____% Outside ____%
If autos are kept inside, indicate age, construction and condition of building: _____
19. If autos are kept outside, is your lot protected on all sides by fence, chain, cable or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock? Yes No
If "No," explain: _____
20. Is the parking area lighted at night? Yes No
21. Do you employ a guard while business is closed? Yes No

B. Vehicle Conversions and Modifications—Complete the following if you modify vehicles for style, performance or handling characteristics:

1. Are you a member of the Recreational Vehicle Industry Association? Yes No
2. Do you comply with the requirements of Federal Regulation Title 49 in converting or modifying vehicles? Yes No
3. Do you subcontract any work to others? Yes No
If "Yes," explain: _____
4. Are vehicles worked on owned by you?..... Yes No
By others? Yes No
If owned by others, explain: _____
5. Do you provide a written contract? Yes No
If "Yes," attach a copy of typical contract.
6. Do you provide a warranty? Yes No
If "Yes," attach a copy.
7. Indicate type of work performed and/or equipment installed:
- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Stoves | <input type="checkbox"/> Heaters | <input type="checkbox"/> Suspension | <input type="checkbox"/> Frame |
| <input type="checkbox"/> Tanks | <input type="checkbox"/> Refrigerators | <input type="checkbox"/> Brakes | <input type="checkbox"/> Steering Controls |
| <input type="checkbox"/> Air Conditioners | <input type="checkbox"/> Water Systems | <input type="checkbox"/> Chassis | <input type="checkbox"/> LPG Systems |
| <input type="checkbox"/> Other (describe): _____ | | | |

C. Comments:

D. Employee and Driver Information:

Complete the information below for ALL employees.

	Name	Drivers License Number	Date of Birth	Date of Hire	Number of years experience	Indicate if Tow Truck Operator
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

E. Previous carrier and loss information (current and previous 3 years): Check if no losses last 3 years.

Year	Company	Coverage	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING STATEMENTS

APPLICABLE IN THE STATE OF NEW YORK (OTHER THAN AUTOMOBILE):

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.

APPLICABLE IN THE STATE OF NEW YORK (AUTOMOBILE):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

LICENSED AGENT: _____ DATE: _____

(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.