



AUTO SERVICE AND REPAIR INSURANCE APPLICATION

Section I – General Information

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Location Address Street City County State ZIP Code

4. Location address if different than above:
 Location #1:
 Location #2:
 Location #3:

Any Mobile Operations? Yes No If yes, provide details:

5. Type of Entity: Individual Partnership Corporation LLC
 Other (specify):

6. For inspection purposes:	Contact Name:	
	Phone Number:	Interest in business:

7. Policy Period Desired: From:	To:
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8. Years in Business:
 If new venture, advise years in industry and in what capacity:

9. Types of vehicles you service. Indicate percentage next to the type that applies. (Must total 100%)

Private Passenger, SUV, Lt Trucks	%	Vehicles with 10 – 25,000 GVW	%	Extra Heavy Trucks/Tractors	%
Motorhomes	%	Other Recreational Autos (Snowmobiles, Dirt Bikes, ATVs, etc.)	%	Motor Coaches / Buses	%
Motorcycles	%	Dirt Bikes/ATVs, Auto, Truck or Van Conversions	%	Watercraft (Boats, Jetskis)	%
Farm/Contractor Equipment	%	Antique/Classic Cars	%	High Performance Vehicle	%

10. Total annual gross receipts from your operations: \$

11. Average value of customer cars on premises: \$

12. Average number of cars kept inside building:	Average number of cars kept outside:
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13. Number of service bays:	Number of parking spaces:
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14. Surveillance camera? Yes No If yes, describe:

15. Security system? Yes No If yes, describe:

Section II – Complete for service and repair operations

1. Describe in detail the types of repairs and services performed:

2. Indicate steps in place to ensure that proper repairs are made and the vehicle is safe to return to the road:

- Post Service Checklist
- Service Manager Review
- Test Drive
- Customer Pre-approval of Repairs

	Yes	No
3. Is smoking prohibited in service area? Are signs posted?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there sprinklers and smoke detectors in service bay?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have fire extinguishers, currently tagged?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are solvents and flammables stored in approved receptacles?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is painting performed? If yes, is painting done in a UL approved spray painting booth?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are welding operations separated from spray painting operations?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are oil rags and waste products disposed of properly?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are customer's autos securely enclosed or locked when unattended?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are keys stored in a secure location where access is restricted to authorized personnel only?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do persons test driving heavy trucks or buses have a CDL?	<input type="checkbox"/>	<input type="checkbox"/>

Explain in detail any NO responses above:

	Yes	No
13. Do you ever use any used parts? If yes, indicate: %	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you ever use any rebuilt parts? If yes, indicate: %	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a salvage or junk yard?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you recap tires? If yes, indicate: %	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you manufacture any products?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you install or modify trailer hitches by welding?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you install or modify trailer hitches by other means? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
20. Is any part of your operation a self-service auto repair shop?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are customers allowed in service areas?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you have frame straightening equipment? If yes, do you use a commercial straightener?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you repossess autos? If yes, do you contract it out?	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you loan vehicles to customers while their vehicles are being serviced? If yes, how often:	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you have any unused underground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you have gas pumps? Full Service Self Service a. Do they have clearly marked shutoff devices? b. Are rules posted (No Smoking, Shut off engine, etc.)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27. Do you own tow trucks? If yes, where are they insured:	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you tow for your own repair operation? a. Tow for hire? b. 24 hour service?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29. Do you loan or lease autos?	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you loan or lease autos to customers while their autos are being repaired?	<input type="checkbox"/>	<input type="checkbox"/>

Explain in detail any YES responses above:

31. **Estimated Annual:**

Class Description	Class Code	Exposure
Convenience Store Sales	13673	Sales - \$
Gasoline Stations – Full Service	13453	Gallons:
Gasoline Stations – Full & Self Service Combined	13455	Gallons:
LPG Gas Sales from Tank Filling	13412	Sales - \$
LPG Gas Sales from Tank Swap Program	13412	Sales - \$

32. Do you have any other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured:

Section III – Insurance History / Claims

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 3 years. Write "NONE" if there have been no claims. Provide details and amount paid. See loss run attached

Policy Dates	Carrier	Policy Number	Premium	Losses Paid	Losses Reserved	Description

Prior carrier for the past 3 years:	Effective Dates	Premium
Current Carrier:		
Prior Carrier:		
Prior Carrier:		

Section IV – Coverages and Limits Requested

- Premises Operations \$ _____ General Aggregate
- Products-Completed Operations \$ _____ Products/Completed Operations Aggregate
 - Personal and Advertising Injury \$ _____ Personal and Advertising Injury
 - Contractual Liability \$ _____ Each Occurrence
 - Damage to Premises Rented to You \$ _____ Damage to Premises Rented to You
 - Medical Expenses \$ _____ Medical Expenses

- GARAGEKEEPERS Legal Liability Direct Primary
 Maximum value of all vehicles in your care, custody and control \$ _____
- Comprehensive OR Specified Perils Deductible per vehicle \$ _____
- Collision Deductible \$ _____
- On-Hook Coverage Limit per vehicle \$ _____ Deductible \$ _____
- ADDITIONAL INSURED/LOSS PAYEE
- CERTIFICATE HOLDER

Name: _____

Address: _____

Nature of Interest: _____

Section V – Employee Information

List the following information for all employees and drivers of your business.

Name	License # And State	Date of Birth	Violations and Accidents last 3 years	Job Duties Ownership	Years Experience	Hours Worked	MVR on File?

Section VI – Property – Complete this section for each building

Causes of Loss: Basic Special Form Including Theft Excluding Theft

Deductible: \$250 \$500 \$1,000 Other:

Item	Co- Ins.	Amount of Insurance	Description and Location of Property Covered: Show complete address, construction, and occupancy of building(s) or containing the property covered. If occupied as a dwelling, state number of families.			
			Construction: Frame, JM, NC, MNC, Fire Resistive	Occupancy	Year Built	Protection Class
Building						
Contents						

Bldg. #:

1. Distance between neighboring buildings: _____

2. Year building built: _____

Year of updates:	Heating:	Plumbing:
	Electrical:	Roof:

3. Protection Class: _____ Distance to nearest hydrant: _____

4. # of Stories: _____ Area (sq. feet): _____

5. Construction: Frame Brick Veneer Joisted Masonry Metal Clad Mobile / Modular Home
 Fire Resistive Other: _____

6. Indicate existing protections: Fire Alarm Burglar Alarm Watch Service Fire Extinguishers
 Are all alarms connected to a Central Station Monitoring System? Yes No

7. Are there any other occupancies? Yes No
 If yes, describe: _____

8. Describe adjacent businesses: _____

9. Mortgagee Loss Payee
 Name: _____
 Address: _____

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS

ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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, and denial of insurance benefits.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
