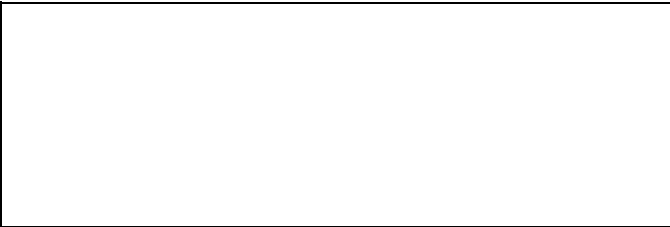


Automobile Service Operations Application

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY



Desired Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

Name

"dba" (if applicable)

- Corporation _____
- Partnership _____
- Individual _____
- Other _____

2. Business (physical) Address: _____

3. Mailing address: _____

4. Web Site Address: _____

5. Are you the owner of this business location? Yes No

If no, does owner of premises need to be named as additional insured? Yes No

If yes, please provide owner's complete name. _____

6. Description of Operation: _____

7. Please check those items below that are part of your repair operation:

- | | % of
Operation | | % of
Operation |
|--|-------------------|--|-------------------|
| <input type="checkbox"/> Motorcycles | _____ | <input type="checkbox"/> Boats | _____ |
| <input type="checkbox"/> All Terrain Vehicles | _____ | <input type="checkbox"/> Utility Trailers, Semi-Trailers, Trailers | _____ |
| <input type="checkbox"/> Motor Homes | _____ | <input type="checkbox"/> Trucks or Truck Tractors | _____ |
| <input type="checkbox"/> Farm Equipment or Implement Dealer | _____ | <input type="checkbox"/> Propane Conversions | _____ |
| <input type="checkbox"/> Mobile Homes | _____ | <input type="checkbox"/> LPG Systems | _____ |
| <input type="checkbox"/> Buses | _____ | <input type="checkbox"/> Lift Kit (suspension) Installation/Sales | _____ |
| <input type="checkbox"/> Private Passenger Vehicles, SUVs,
and Light Trucks | _____ | <input type="checkbox"/> Contractor's Equipment | _____ |
| | | <input type="checkbox"/> Other | _____ |

8. What percentage of repair is performed at a location other than that listed in item 2 above? _____%

9. Person to contact:

For Inspection (Name & Phone Number) _____

For Accounting Records (Name & Phone Number) _____

10. Current management has controlled business since _____ (year) and has been in this type of business since _____ (year)

11. Is this a new venture? Yes No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been declined, cancelled or non-renewed for this kind of insurance? 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. _____

13. (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? _____

14. Has this business entity ever filed for bankruptcy? Yes No

Date filed _____ Date released _____

15. Do you ever engage in the sale of autos? Yes No If yes, _____% of operation.

16. Do you accept vehicles on consignment? Yes No If yes, _____% of operation.

If yes, is value of consigned autos included in garagekeepers limit? Yes No

Please enclose copy of current consignment agreement.

17. Plates held by Applicant: Dealer Transporter
 Repairer Other _____

List Plate Identification Numbers assigned by the state: _____

Are plates attached to owned vehicles? Yes No Describe _____

Are plates attached to tow trucks? Yes No Describe _____

COVERAGE INFORMATION

18. **Limits of Liability and Coverage(s) Requested (Check desired coverage and insert limits)**

I. LIABILITY

	Each Accident	Aggregate (Garage operations only)
<input type="checkbox"/> Bodily Injury & Property Damage Liability	\$ _____	\$ _____
(Property Damage Liability subject to \$100 deductible completed operations)	(Combined Single Limit)	(Maximum Aggregate Limit - 2 million)

List All Locations To Be Covered for bodily injury and property damage liability

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

II. MEDICAL PAYMENTS

Premises Medical Payments (per person) Choose Limit : \$500 \$750 \$1,000 \$2,000 \$5,000

III. UNINSURED/UNDERINSURED MOTORISTS

**APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE
SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE
NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

IV. GARAGEKEEPERS COVERAGE

SPECIFIED PERILS and Collision **OR** COMPREHENSIVE and Collision (available on Direct Primary basis only)

(pick one of the following)

- Legal Liability
- Direct Primary

GARAGEKEEPERS DEDUCTIBLE: \$500 deductible per auto
 \$1,000 deductible per auto
 \$2,500 deductible per auto
 \$5,000 deductible per auto

19. List All Business Locations To Be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

20. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

Check desired coverages for scheduled autos and/or plates:

- Liability (Must match the garage liability limit)
- UM Limit (policy level) \$ _____
- Medical Payments Limit (Must match the garage medical payments limit)
- Physical Damage (select type for each unit on which coverage is desired)
 - Unit #1: Specified Perils/Collision **OR** Comprehensive/Collision
 - Unit #2: Specified Perils/Collision **OR** Comprehensive/Collision
 - Unit #3: Specified Perils/Collision **OR** Comprehensive/Collision

Is intow desired? Which units? _____

Intow limit: _____ Intow deductible: _____

RATING INFORMATION

21. EMPLOYEE INFORMATION (Include Independent Contractors)

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State where licensed	Drivers License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

UNDERWRITING INFORMATION

22. Is the operation in question 6 your primary operation? If not, explain. _____ 22. Yes No
23. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? 23. Yes No
24. (a) Do you sell tires? 24. (a) Yes No
_____ % of Receipts New Tires _____ % Used Tires _____ %
- (b) Do you recap or retread tires? (b) Yes No
25. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation. 25. Yes No
26. Do you hold a salvage dealer license or operate a salvage yard? 26. Yes No
27. Do you salvage cars for resale? 27. Yes No
28. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____ % of operation. 28. Yes No
29. Do you weld gas tanks? 29. Yes No
30. Do you repossess autos? 30. Yes No
31. Do you sell parts? 31. Yes No
Gross Receipts from Parts Sold but not Installed: _____
 Used Parts _____ % New Parts _____ %
32. Do you have automatic car washes on location? (\$500 deductible applies) 32. Yes No
33. (a) Do you spray paint at your business location? 33. (a) Yes No
(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) Yes No
34. What percentage of your work involves the following?
Autobody repair/Painting _____ % Sound System _____ % Window Tint _____ %
Tune up _____ % Tires _____ % Wash/Detail _____ %
Oil & Lube _____ % Upholstery _____ %
Other (describe) _____ % _____
35. Do you loan autos to customers? 35. Yes No
36. Do you rent autos to customers while their units are left for service repair? 36. Yes No
37. Do you furnish autos to anyone? 37. Yes No
38. Do you sponsor any racing events? 38. Yes No
39. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 39. Yes No
40. Do you pick up or deliver customers' autos? 40. Yes No
41. **PREMISES**
- Are customers' autos stored in building(s)? 41. Yes No
If no, describe lot (e.g. fenced, lighted, etc.) _____
- Are keys locked when stored after hours? Yes No
- Where are keys kept? Explain _____
- Are customers permitted in the service area? Yes No
- How many service bays do you have? _____ Any service pits? If so, how many? _____
- 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, to whom? _____ Yes No
- Is your operation located at your private residence? Yes No
If yes, do you have homeowners or renters insurance? Yes No

KANSAS NOTICE
Regarding Uninsured Motorists Coverage
(Including Underinsured Motorists Coverage)

Uninsured Motorists Coverage provides you protection when you are legally entitled to recover damages for bodily injury or death, caused by the owner of an uninsured auto.

Underinsured Motorists Coverage provides you protection when you are legally entitled to recover damages for bodily injury or death, caused by the owner of an auto which was insured at the time of loss, but whose limits of Bodily Injury Liability Coverage are less than you are legally entitled to recover, as the injured party.

These additional Coverages are required to be part of your auto policy at limits equal to the minimum limits required by the State Financial Responsibility Law. They are, however, available to you at any limits up to the Bodily Injury Liability Coverage limits of your policy, at additional premium.

To be certain that your policy is issued correctly, please indicate your choice concerning the limit desired for this additional coverage. ("x" indicates your choice)

ADDITIONAL LIMITS PURCHASE ELECTION. I have had this coverage fully explained to me and I wish to purchase Uninsured Motorists Coverage (which includes Underinsured Motorists Coverage) for the following Vehicles to be insured under my policy, at the limits shown for each vehicle. I understand that if this coverage is elected, the limits selected may not exceed the Bodily Injury Liability Coverage Limits of my policy:

<u>Vehicle #</u>	<u>Description</u>	<u>UMC Limits Elected</u>
_____	_____	\$ _____ per person, \$ _____ per accident
_____	_____	\$ _____ per person, \$ _____ per accident
_____	_____	\$ _____ per person, \$ _____ per accident
_____	_____	\$ _____ per person, \$ _____ per accident

NOTE: If UMC is to be carried for any (or all) vehicles insured under your policy, at only the limits required by law, the following section must be completed showing each such vehicle.

ADDITIONAL LIMITS REJECTION. I have had this coverage fully explained to me and do not wish to purchase Uninsured Motorists Coverage at higher limits than required by law for any of the following vehicles insured under my policy. I understand that by rejection of Additional Limits of Uninsured Motorists Coverage, I have also rejected Underinsured Motorists Coverage and that I waive any protection afforded by state statute in this respect.

<u>Vehicle #</u>	<u>Description</u>
_____	_____
_____	_____
_____	_____
_____	_____

I have indicated my choice above ("x" indicates my choice):

_____ X _____
 Date Signed Named Insured (Representing all Insureds)

(Until you advise us otherwise in writing, your choice, indicated above, will be carried forward on all future renewal policies without additional notice.)

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

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 the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant understands 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 the 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. _____