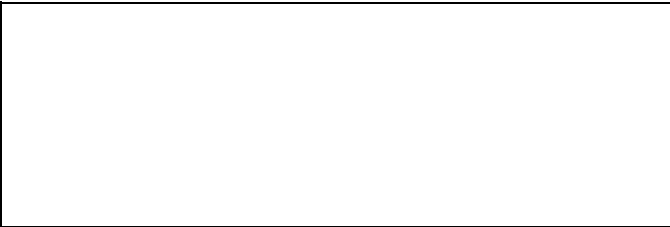


# Automobile Service Operations Application

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<br>Operation |  | % of<br>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,<br>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

# OKLAHOMA UNINSURED MOTORIST COVERAGE LAW

Oklahoma law gives you the right to buy Uninsured Motorist coverage in the same amount as your bodily injury liability coverage. THE LAW REQUIRES US TO ADVISE YOU OF THIS VALUABLE RIGHT FOR THE PROTECTION OF YOU, MEMBERS OF YOUR FAMILY, AND OTHER PEOPLE WHO MAY BE HURT WHILE RIDING IN YOUR INSURED VEHICLE. YOU SHOULD SERIOUSLY CONSIDER BUYING THIS COVERAGE IN THE SAME AMOUNT AS YOUR LIABILITY INSURANCE COVERAGE LIMIT.

Uninsured Motorist coverage, unless otherwise provided in your policy, pays for bodily injury damages to you, members of your family who live with you, and other people riding in your car who are injured by: (1) an uninsured motorist, (2) a hit-and-run motorist, or (3) an insured motorist who does not have enough liability insurance to pay for bodily injury damages to any insured person. Uninsured Motorist coverage, unless otherwise provided in your policy, protects you and family members who live with you while riding in any vehicle or while a pedestrian. THE COST OF THIS COVERAGE IS SMALL COMPARED WITH THE BENEFITS!

You may make one of five choices about Uninsured Motorist Coverage:

1. You may buy Uninsured Motorist coverage equal to your bodily injury liability coverage for \$ \_\_\_\_\_ for \_\_\_\_\_ months.
2. You may buy Uninsured Motorist coverage in the amount of \$25,000 for each person injured, not to exceed \$50,000 for two or more persons injured in one occurrence (smallest coverage Oklahoma law allows) for \$ \_\_\_\_\_ for \_\_\_\_\_ months.
3. You may buy Uninsured Motorist coverage in the amount of \$50,000 combined single limit (bodily injury only; smallest coverage Oklahoma law allows) for \$ \_\_\_\_\_ for \_\_\_\_\_ months.
4. You may buy Uninsured Motorist coverage in an amount less than your bodily injury liability coverage but more than the minimum levels.
5. You may reject Uninsured Motorist coverage.

Please indicate below what Uninsured Motorist coverage you want:

\_\_\_\_\_ I want the same amount of Uninsured Motorist coverage as my bodily injury liability coverage.

\_\_\_\_\_ I want minimum Uninsured Motorist coverage (\$25,000 per person/\$50,000 per occurrence).

\_\_\_\_\_ I want minimum Uninsured Motorist coverage (\$50,000 combined single limit (bodily injury only)).

\_\_\_\_\_ I want Uninsured Motorist coverage in the following amount:

\$ \_\_\_\_\_ per person / \$ \_\_\_\_\_ per occurrence.

\_\_\_\_\_ I want Uninsured Motorist coverage in the following amount:

\$ \_\_\_\_\_ combined single limit (bodily injury only).

\_\_\_\_\_ I want to reject Uninsured Motorist coverage.

I have read the explanation of the Uninsured Motorist Coverage in the paragraphs above and understand the coverage and the options regarding the purchase or rejection of that coverage. I further understand because only one premium per policy is charged for Uninsured Motorist Coverage, regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most this coverage will pay for all damages resulting from any one "accident" is the Limit of Insurance for Uninsured Motorists Coverage shown in the Schedule or Declarations.

\_\_\_\_\_  
Proposed Insured

\_\_\_\_\_  
Date

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

**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. \_\_\_\_\_