

- NATIONAL INDEMNITY COMPANY OF THE SOUTH
 - NATIONAL LIABILITY & FIRE INSURANCE COMPANY
- Administrative Office - Omaha, Nebraska

Status of Submission: <input type="checkbox"/> Quote <input type="checkbox"/> Bind at earliest possible date	
Issue policy from _____ to _____	
Applicant's Representative (Producer) Name Must Be Typed or Printed	Applicant's Representative Agent License ID Number
Phone No. _____	

AUTOMOBILE SERVICE OPERATIONS APPLICATION

GENERAL INFORMATION

1. Named Applicant (you): _____
2. You are: Individual Partnership Corporation
3. Mailing Address: _____
4. Business Address: _____
5. Your Business is: Repair _____ Sales _____

<input type="checkbox"/> Motorcycles	<input type="checkbox"/> Boats, buses, contractors' equipment, farm equipment
<input type="checkbox"/> All Terrain Vehicles	<input type="checkbox"/> Utility Trailers, Semi-Trailers, Trailers
<input type="checkbox"/> Private Passenger Vehicles	<input type="checkbox"/> Trucks or Truck Tractors
<input type="checkbox"/> Motor Homes	<input type="checkbox"/> Propane Conversions
<input type="checkbox"/> Equipment or Implement Dealer	<input type="checkbox"/> LPG Systems
<input type="checkbox"/> Mobile Homes	<input type="checkbox"/> Other _____
6. Insurance is desired from _____ to _____
7. Person to contact: For Inspection (Name & Phone Number) _____
For Accounting Records (Name & Phone Number) _____
8. Current management has controlled business since _____ (year) and has been in this type of business since _____ (year)
9. (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? _____
10. Have you ever filed for reorganization or bankruptcy? Yes No
Date filed _____ Date released _____
11. Plates held by Applicant: Dealer Transporter Repairer Other _____
Plate #s _____
Are plates used on owned vehicles? Yes No Describe _____
Are plates used on tow trucks? Yes No Describe _____

12. **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 CSL \$ _____ (Property Damage Liability - subject to \$100 deductible completed operations)	\$ _____	\$ _____
 - II. MEDICAL PAYMENTS:

Premises Medical Payments \$ _____ Each person
 - III. GARAGEKEEPERS COVERAGE

<input type="checkbox"/> Specified Perils and Collision	<input type="checkbox"/> Legal Liability
<input type="checkbox"/> \$500 deductible per auto	<input type="checkbox"/> Direct Primary
<input type="checkbox"/> \$1,000 deductible per auto	<input type="checkbox"/> Excess Primary
<input type="checkbox"/> \$ _____ other deductible per auto	

Damage to autos while being towed Limit per vehicle \$ _____

13. LOCATIONS TO BE COVERED

Loc. No.	Location	Occupancy	Garage Liability	Garagekeepers Liability	
		Repair Shop, Painting Shop, etc.	Estimated Annual Payrolls	Limit of Liability	Maximum Number of Autos
1					
2					
3					

14. EMPLOYEE AND NON-EMPLOYEE INFORMATION (Include Independent Contractors)

Loc. No.	Name	Duty	Estimated Annual Payroll	Date of Birth	Drivers License #	State Licensed	Number of Accidents	Number of Violations	Explain

15. OWNED OR LEASED AUTOS USED IN CONNECTION W/GARAGE OPERATION
(No coverage afforded unless units are described & specifically charged for)

Model Year	Trade Name	Serial Number	G.V.W.	Use	Maximum Radius of Operation	Garaging	Current Value	Plate Permanently Attached Yes or No

Check desired coverages:

Liability Medical Payments UM Limit _____ Physical Damage Ded. _____

UNDERWRITING INFORMATION

- | | |
|--|--|
| 16. Is Item 5 your primary operation? If not, explain _____ | 16. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Do you sell or distribute butane, propane, other liquified gas under pressure, or ammonia nitrate? | 17. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. (a) Do you sell tires? _____ % of Receipts _____ % New _____ % Used | 18. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you recap tires? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Do you install trailer hitches or 5th wheel connections? | 19. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Do you operate a salvage yard? | 20. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Do you have a salvage title? | 21. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Do you salvage cars for resale? | 22. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Do you dismantle automobiles? | 23. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. (a) Do you weld? | 24. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you weld gas tanks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Do you sell or service hoists, lifts, or like equipment? | 25. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Do you repossess autos? (supplemental needed) | 26. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Do you have a parts store? | 27. <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Gross Receipts _____ Used Parts New Parts

28. Is your primary operation valet or attendant parking? _____ # of parking spaces _____
29. (a) Nature of operation valet being performed for? _____
 (\$500 deductible applies)
- (b) More than one location? 29. Yes No
30. Do you have automatic car washes on location? (\$500 deductible applies) 30. Yes No
31. Do you tow vehicles? (If yes, separate coverages must be purchased for in tow coverage) 31. Yes No
32. Do you provide towing and storage for municipalities? 32. Yes No
 City _____ County _____ State _____
33. Do you have hoists or lifts? 33. Yes No
 If yes, are they maintained and regularly inspected? Yes No
34. (a) Do you spray paint on location? 34. Yes No
 (b) Do you use booth meeting government standards? Yes No
35. Do you take vehicles on consignment? 35. Yes No

36. PREMISES

- Describe neighborhood: Commercial Residential
- Age of building _____ Construction _____ # of floors _____
- Are customer's cars stored in building(s)? 36. Yes No
- Are keys locked when stored after hours? Yes No
- Where are keys kept? Explain _____
- Animal on location? If yes, explain _____ Yes No
- 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, who _____ Yes No

37. (a) PREVIOUS 3 YEARS' CARRIER(S) AND ANY LOSS EXPERIENCE

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

- (b) During the past three (3) years has any insurer cancelled or refused renewals? 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 _____

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

The Applicant agrees 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 this 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 _____

 Applicant's Signature _____ Date _____ Witness _____

Authority of applicant Insured Officer Other, Explain _____

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.

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. _____