



## AUTO SERVICE RISKS SUPPLEMENTAL APPLICATION (Attach to ACORD Applications)

PREMIER UNDERWRITERS, INC.

1. Applicant's Name: \_\_\_\_\_
2. Applicant's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. 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)		\$
Non-Owned Auto Liability	# of Employees	\$
Deductible	\$	\$

4. Schedule of Hazards:

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

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



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5. Physical Damage to Customers' Autos:

Direct Primary Coverage for Loss or Damage to Customers'

**OR**

Legal Liability Coverage for Loss or Damage to Customers' Autos

Premises:

	Address	Limit	Deductible
Premises 1		\$	\$
Premises 2		\$	\$
Premises 3		\$	\$

Tow Trucks:

	Tow Trucks Described Below Designate Individual Premises			Premise Limit and Deductible	
	Year	Make and Model	VIN	Limit	Deductible
1.				\$ _____	\$ _____
2.				\$ _____	\$ _____
3.				\$ _____	\$ _____
4.				\$ _____	\$ _____

**A. Please Answer All Questions:**

- Do you modify vehicles for:  
 Style?  Yes  No  
 Performance?  Yes  No  
 Handling Characteristics?  Yes  No
- Do you install trailer hitches?  Yes  No  
 If "Yes," 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 you do not have one of the above listed spray booths, explain extent of spray painting operations:



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6. Do you recap any tires?  Yes  No
7. Indicate the number of license plates you have:  
Dealers: \_\_\_\_\_ Regular: \_\_\_\_\_ Transporter: \_\_\_\_\_ Other: \_\_\_\_\_
8. Do you pick up or deliver automobiles?  Yes  No  
If "Yes," indicate radius in miles: 50 mi. \_\_\_\_\_% 50-200 mi. \_\_\_\_\_% over 200 mi. \_\_\_\_\_%

9. Do you repossess autos?  Yes  No
- Are you towing for these entities under contract?  Yes  No

10. For wreckers/tow trucks: type of vehicles towed? \_\_\_\_\_

11. Do you engage in any dismantling/salvage or rebuilding autos?  Yes  No  
If "Yes," please explain in C below.

12. Where are keys to autos kept at night? \_\_\_\_\_  
Where are keys to autos kept during business hours? \_\_\_\_\_

13. Are autos kept:  Inside \_\_\_\_\_%  Outside \_\_\_\_\_%  
Premises Alarmed?  Yes  No If Yes, type of Alarm \_\_\_\_\_

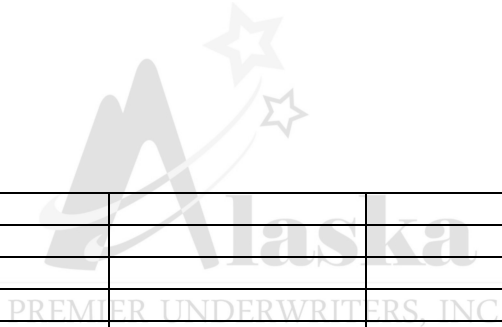
If autos are kept inside, indicate age, construction and condition of building:  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

14. Is the parking area lighted at night?  Yes  No
15. Do you employ a guard while business is closed?  Yes  No

**B. 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						

**C. 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

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Producer Name & Address