



AcV]Y5i hc'FYWtbX]h]cb]b[

; 9B9F5 @-B: CFA5HCB'

Effective Date: _____ Named Insured: _____ DBA: _____
 Location Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Web Address: _____ Years in business? _____ Years of related experience? _____
 Agency: _____ Producer: _____ Phone: _____
 Type of Legal entity: Corporation Partnership Individual Limited Liability Corp. Other

Do you own any other business(es)? Please provide details. _____

Do you share these locations with any other entities? **MYg.** **Bc.** If yes, describe: _____

CdYfU]cb
 Auto Detailing
 Paintless Dent Repair
 Paint & Chip Repair
 Spray-on Bed Liners

GU Yg#F YW]drg'

CdYfU]cb
 Windshield Repair
 Headlight Restoration
 Upholstery Services
 Other_____

GU Yg#F YW]drg'

@a]hg'
 ; YbYfU' @UV]]lmi
 ; UfU] Y_YYdYfg'
 Comprehensive

Each Occurrence
 Location Limit
 Specified Cause of Loss

General Aggregate
 Deductible
 Collision

CD9F5HCB5 @EI 9GHCB5-F9'	MYg'	Bc'	9I d'U]b'
Are service vehicles insured on a personal lines policy?	<input type="checkbox"/>	<input type="checkbox"/>	.
Any work on aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	.
Roadside assistance (tires/batteries/belts/hoses/lock-outs)?	<input type="checkbox"/>	<input type="checkbox"/>	.
Towing, recovery or repossession services?	<input type="checkbox"/>	<input type="checkbox"/>	.
Do you work on LP gas systems?	<input type="checkbox"/>	<input type="checkbox"/>	.
Do you perform any mechanical/electrical/powertrain repairs?	<input type="checkbox"/>	<input type="checkbox"/>	.
Do you perform automotive safety inspection services?	<input type="checkbox"/>	<input type="checkbox"/>	.
Do you perform any work on airbags (including any deactivating) or breathalyzers?	<input type="checkbox"/>	<input type="checkbox"/>	.
Selling, servicing, maintaining or sponsoring vehicles used for racing or speed exhibitions?	<input type="checkbox"/>	<input type="checkbox"/>	.
Do you have a storage lot on premises?	<input type="checkbox"/>	<input type="checkbox"/>	.
Do you park customer's vehicles on the street?	<input type="checkbox"/>	<input type="checkbox"/>	.
Do you perform trailer hitch services?	<input type="checkbox"/>	<input type="checkbox"/>	.
Do you perform Mobile Home Repair?	<input type="checkbox"/>	<input type="checkbox"/>	.
Operations greater than 300 miles from garaging location?	<input type="checkbox"/>	<input type="checkbox"/>	.
Do you leave keys in vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	.
Any operations that are not performed "off-site?"	<input type="checkbox"/>	<input type="checkbox"/>	.
Do you operate customers autos on streets, roads or highways?	<input type="checkbox"/>	<input type="checkbox"/>	.
Antique and classic automotive restoration, not reconditioning?	<input type="checkbox"/>	<input type="checkbox"/>	.
Any power washing of buildings, tanks, structures, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	.

 Signature of Applicant

 Date

 Signature of Producer

 Date