



MUSIC Auto Dismantling & Salvage Yard  
Supplemental Application

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641  
800-548-4301 • www.neee.com

- 
1. Agency Code:                      Agency:
  2. Phone:                              Fax:                              Web site:
  3. E-Mail Address:
  4. Number of years in Business:                      Number of years experience if New Venture:
  5. Business Name (dba.):
  6. Physical Address:                              City:                              State:                              Zip:
  7. Contact Person:                              Phone:                              Fax:

**Business Information:**

8. Please provide total gross revenue:
  - For the Last 12 months: \$
  - Projected for the next 12 months: \$
9. Please breakdown projected gross revenues as follows:
  - Auto Salvage Yard Operations, including parts sales: \$
  - Scrap metals salvage, not auto: \$
  - Towing operations: \$
  - Auto Repair: \$
  - Auto sales, entire autos: \$
  - Other operations: \$
10. Please provide total payroll excluding the owners, partners, and/or corporate officers:
  - For the Last 12 months: \$
  - Projected for the next 12 months: \$
11. Number of owners, partners, corporate officers:
12. Number of employees:                      Part time:                      Full time:
13. Please describe fencing around salvage yard (i.e., height, construction, gates, etc.):
14. Please describe all other premises security:
  - Guard Dogs? Yes No type:
  - Warning, No trespass signs? Yes No
  - Security Lighting? Yes No
  - Additional Comments:
15. Does applicant operate:
  - Crushers or compactors Yes No



MUSIC Auto Dismantling & Salvage Yard  
Supplemental Application

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641  
800-548-4301 • www.neee.com

- Cranes Yes No
- Lift Trucks Yes No
- Sale of Salvaged or Used Autos Yes No if yes, describe:
- Yard Trucks Yes No

16. Does applicant handle or distribute LPG, or other compressed gasses? Yes No If yes, please describe:

**Business Information:**

- 17. Does applicant stack autos in yard? Yes No If yes, please describe:
  - 18. Are customers allowed in yard? Yes No
  - 19. Are customers allowed to remove parts ("Pull Your Own Parts"? Yes No
  - 20. Do employees accompany customers in yard at all times? Yes No
  - 21. Does applicant treat or repair any salvaged parts prior to re-sale? Yes No If yes, please describe:
  - 22. Describe how waste oil, old batteries, and tires are stored and handled:
  - 23. Does applicant test incoming materials/loads for radioactivity? Yes No If yes, please describe method used:
  - 24. Is the yard fully fenced? Yes No If no, give details:
  - 24. Please describe on-site fire protection:
  - 25. Have fire extinguishers been serviced & tagged within the past year? Yes No
  - 26. Describe general appearance of operations (i.e., are floors kept free from oil and grease, are aisles and part racks neat and orderly):
- Please describe experience of insured and employees:
- 27. Please attach a diagram of the premises including approximate dimensions, locations of buildings and neighboring property.
  - 28. Please attach photos of buildings.

**READ AND SIGN BELOW:**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I understand that this is an application for insurance only and that the completion and submission of this application does not bind coverage with any insurance company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**PRIOR TO COVERAGE BEING BOUND  
APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED AND ORDER INSPECTION AFTER BINDING.**