



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

## GARAGE – SERVICE & REPAIR SHOP SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:		
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please attach copies of the following:

- Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- A detailed description of your operations, brochures, etc. if a website is not available
- A table of all drivers and their respective MVRs and age

3)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

Premise address where Garage Operations are performed (if different from above):

a)
b)
c)

5)

Years this business entity has been operational: \_\_\_\_\_ Years of experience in this field: \_\_\_\_\_

6)

Description of Operations: \_\_\_\_\_

**OPERATIONAL INFORMATION**

7) Where is your work performed?

Your Garage Location	%
Customer Locations	%
Mobile or Roadside Assistance	%
Other (Describe): _____	%

8) Types of Autos Serviced/Repairs

<u>Autos Worked On</u>	<u>Repair/Service (Should equal 100%)</u>
Private Passenger Autos, SUVs, Pick-ups	%
Antique/Classic Auto Services	%
Autonomous Vehicle Service	%
Boat / Watercraft Services (See Below)****	%
Bus Services	%
Commercial/Heavy Truck and Trailer Services (See Below) ****	%
Emergency Vehicle Services	%
Farming and Construction Equipment Service (See Below) ****	%
Public Livery / Transportation	%
Motorcycle Services	%
Off-Road Vehicle/Snowmobile/ATV Service/Repair	%
Race Cars / Street Rods	%
RV / Camper/ Motorhome Services	%
Storage Services	%
Valet (On Premise Operations – No destination parking or on-street parking)	%
Valet (Off Premise Operations – Inclusive of street parking)	%
Other (please describe):	%
Other (please describe)	%

a. If answered yes to "Farming and Construction Equipment Service"

- 1) Buck Trucks, Cranes, Scissor Lifts Yes  No 
  - a) Do heights exceed (30) feet? Yes  No
- 2) Contractors Equipment Yes  No
- 3) Farm Tractors Yes  No
- 4) Forestry or Logging Equipment Yes  No
- 5) Mining Equipment Yes  No
- 6) Garbage Trucks Yes  No

b. If answered yes to " Boat / Watercraft Services"

- 1) Does the applicant work on watercrafts greater than 26" in length Yes  No

c. If answered yes to "Commercial/Heavy Truck and Trailer Services"

- 1) Do you test drive extra-heavy trucks or truck tractors? Yes  No
- 2) What is the maximum weight of vehicle you can accommodate? \_\_\_\_\_

9) List annual gross receipts for the following:

- a. Auto Service/Repair : \_\_\_\_\_
- b. Uninstalled Part Sales: \_\_\_\_\_
- c. Automobile Sales : \_\_\_\_\_ **\*\* STOP HERE IF YOU ARE AN AUTO DEALER OR SELL AUTOMOBILES\*\***

10) Services and Operations Performed -

Work Performed	Should equal 100%
Alarm, Stereo or Navigational System	%
Auto Detailing ( <i>Hand Wash. Other than car wash - full service</i> )	%
Auto Maintenance or Repair	%
Batteries	%
Body & Paint Shop	%
Brakes	%
Butane, Propane or other Liquefied Gas Sales	%
Car Wash (automated) - Attended <input type="checkbox"/> Self Service <input type="checkbox"/>	%
Emissions or Safety Inspections	%
Frame or Unibody Straightening Cutting/shortening/ stretching / altering	%
Gasoline Station: Full Service	%
Handicap Vehicle Modification	%
Lift Kit/ Lower Kit Installation, Service or Repair	%
Mobile Auto Repair / Roadside Assistance	%
Oil/Lube Service	%
Performance / Aftermarket Enhancement Services	%
Road	
Salvage Operations	%
Suspension Repair/Service (not lift kits)	%
Tire Sales & Installation (NEW ONLY)	%
Tire Sales, Installation, Service or Repair (USED ONLY)	%
Towing : Not for Hire <input type="checkbox"/> Repossession/For Hire <input type="checkbox"/>	%
Tune Up	
Upholstery	%
Valet Parking	%
Window Tinting	%
Windshield Installation/Repair	%
Wrecker Service: For-Hire	%
Other (please describe):	%
Other (please describe):	%
Other (please describe):	%

- 11) Are you a licensed automobile dealer? Yes  No
- 12) Do you have any mobile service or roadside repair operations? Yes  No
- 13) Do you test drive autos away from the garage premise? Yes  No
- 14) Do you offer any customer auto pick-up or drop-off services? Yes  No
- a. If yes, what is the maximum radius you will pick-up from/drop-off to? \_\_\_\_\_
- b. Are pick-ups/drop-offs performed by specific employees only? Yes  No
- 15) Do you review MVRs for all employees who are permitted to drive customer vehicles on a no less than annual basis? Yes  No

- 16) Do you require all employees who are permitted to drive customer vehicles to carry personal auto insurance Yes  No
- 17) Do you carry a Commercial Auto or Business Auto policy in force? Yes  No
- 18) Do you Loan or lease autos to others? Yes  No
- 19) Do you have any towing operations? Yes  No
- a. Explain: \_\_\_\_\_
- 20) Do you install nitrous oxide systems? Yes  No
- 21) Do you service any nitromethane or turbocharged alcohol engine vehicles? Yes  No
- a. If yes, is any nitromethane stored on site? Yes  No
- 22) Do you have any owned autos ("loaner" cars, tow trucks, roadside assistance vehicles, etc.)? Yes  No
- a. If yes, are these autos insured separately from your garage exposures? Yes  No
- 23) Is all mechanical work performed by a licensed mechanic? Yes  No
- 24) Are all auto lifts ALI certified and inspected annually? Yes  No
- 25) Do you have tire sales or service, please complete the following: Yes  No
- a. Do you sell any used, recapped, or retread tires? Yes  No
- b. Do you perform any tire recapping, retread, regroove, or siping? Yes  No
- 26) Do you have any painting/refinishing body work? (Is yes, please continue) : Yes  No
- a. Are all painting operations completed in a separate, ventilated room? Yes  No
- b. Are all spray booths UL approved and certified? Yes  No
- c. Do all painting and mixing areas have explosion-proof electrical systems? Yes  No
- d. Do all painting and mixing areas have an automatic fire suppression system in place? Yes  No
- e. What media is used for sandblasting/abrasion? \_\_\_\_\_
- 27) Do you perform any airbag replacement or deactivation? Yes  No
- 28) Are you a designated repair shop for any auto insurance carriers? Yes  No
- a. If yes, which carrier(s)? \_\_\_\_\_
- 29) Do you perform any emergency service or military vehicle conversions? Yes  No
- 30) Do you perform any handicap vehicle conversions or hand control conversions? Yes  No
- 31) Do you specialize in antique vehicles/classic cars? Yes  No
- 32) If you are performing window tinting or light installations, do you have limitations on color, intensity, darkness, etc.? Yes  No
- a. If no, are customers required to acknowledge in writing that tinting or accessory lighting may be in violation of state or local codes regulating road use vehicles? Yes  No
- b. If you sell strobing lights/light bars, are sales of white, blue, and red lighting limited to emergency vehicles/law enforcement? Yes  No
- 33) Do you service, repair, build, or rebuild salvage or frame-up kit vehicles? Yes  No

### Coverage Requested

Garage Liability Limits : \$ \_\_\_\_\_ Each Occurrence/Accident \$ \_\_\_\_\_ Aggregate  
 Deductible : \$ \_\_\_\_\_

**Garagekeepers:**

Location	Avg # of Autos on Lot	Maximum Limit Per Vehicle	Limit Per Location
1			
2			
3			
4			

**Employees, Drivers, and Owners:**

Loc.	Name	DOB	License #	State of Lic.	Auto Use and Status of Person

**SAFETY AND SECURITY INFORMATION**

- 34) Do you have a customer waiting area, lounge, or retail storefront? Yes  No 
  - a. If yes, is any food or beverages that are not prepackaged provided gratis or sold? Yes  No
- 35) Allow customers to drive vehicles into the bay? Yes  No
- 36) Does the service area have an automatic fire suppression system? Yes  No 
  - a. If no, is the service area equipped with smoke or heat detectors? Yes  No
  - b. How many manual fire extinguishers are available in the service area? \_\_\_\_\_
  - c. How frequently are extinguishers inspected and recharged or replaced? \_\_\_\_\_
- 37) What flammable or explosive materials do you have on premise? \_\_\_\_\_
  - a. Do you store all flammable or explosive materials in an NFPA approved cabinet or locker? Yes  No
  - b. What is the maximum quantity of these materials you have on site at any given point in time? \_\_\_\_\_
- 38) Do you allow smoking on premise? Yes  No 
  - a. If yes, are designated smoking areas a safe distance from all working areas or flammable materials storage and enforcement of these areas strictly enforced? Yes  No
- 39) Do you have any dogs on premise? Yes  No
- 40) Do you have any firearms on premise? Yes  No
- 41) Are customer vehicles left with the applicant overnight? (If yes, see below) Yes  No

a. How are customer vehicles secured overnight? Check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Garaged/Locked In Shop         | <input type="checkbox"/> Walled and Gated Lot    | <input type="checkbox"/> Fenced Lot                  |
| <input type="checkbox"/> Open Lot                       | <input type="checkbox"/> Security Cameras        | <input type="checkbox"/> Premise Intrusion Detection |
| <input type="checkbox"/> Lot High-Intensity Lighting    | <input type="checkbox"/> Local Alarm             | <input type="checkbox"/> Centrally Monitored Alarm   |
| <input type="checkbox"/> Guard Dogs                     | <input type="checkbox"/> Security Guard/Watchman | <input type="checkbox"/> No Overnight Storage        |
| <input type="checkbox"/> Other (please describe): _____ |  |  |

42) How are customer vehicle keys secured?

- Locked In Shop                       Taken Home                       Left In Vehicle  
 Other (please describe): \_\_\_\_\_

43) Do you have a written employee handbook or formal safety guidelines?

Yes  No

a. How frequently are safety meetings held? \_\_\_\_\_

44) How do you store and dispose of waste materials? \_\_\_\_\_

a. Have you ever had a pollution release incident?

Yes  No

b. Do you currently have site pollution insurance in place?

Yes  No

c. If you are seeking Pollution Liability Insurance in addition to Garage Insurance, please complete the Kinsale Premises Environmental Liability Supplemental Application.

## LOSS EXPERIENCE

45) Do you know of any incidents not currently reported to insurance that may result in a claim against you? **If yes, please attach an explanation.**

Yes  No

46) Have any of your employees even been at-fault for an accident resulting in damages to a third party or a customer vehicle which you settled outside of insurance? **If yes, please attach an explanation.**

Yes  No

a. Was the accident reported to law enforcement?

Yes  No

b. Did you have a commercial motor vehicle or garage policy in-force at the time of the accident?

Yes  No

47) Have you ever had an incident resulting to physical damage to a customer vehicle(s) that was not reported to your insurance carrier?

Yes  No

a. If yes, please attach a description of the incident(s) and why it was not reported (or ineligible for coverage) to your insurance carrier.

48) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.**

Yes  No

49) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to allegations of faulty or defective products or work, product failure, premise related bodily injury or property damage) arising out of or related to your garage operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.**

Yes  No

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_