



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

Garage Application – Service Risks

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. Applicant is: Individual Corporation Partnership Joint Venture Other (Specify): _____
2. Number of years in business: _____ Number of years at this location _____
3. Describe all business operations conducted by applicant: _____

PROPERTY SECTION

4. Premises information:

Loc. No. 1	Street, City, County, State, Zip Code						Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions	
	Building	\$				\$		
	Contents	\$				\$		
	Mechanical Breakdown	\$				\$		
	Other	\$				\$		
Bldg. No.	Mortgagee or loss payee:							
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:			
					1. _____ %			
					2. _____ %			

- Construction type: _____
- Protection class: _____
- Number of stories: _____
- Total square foot area: _____
- Total number of units: _____
- Sprinklered? Yes No
- Operable smoke detectors? Yes No
- Year built: _____

- Building remodeling (include year):
 Wiring? Yes No Year: _____
 Heating? Yes No Year: _____
 Plumbing? Yes No Year: _____
 Roof? Yes No Year: _____
- Burglar alarm type: Local Central Station
- Fire alarm type: Local Central Station
- Are any locations residential?.....Yes ...No

Loc. No. 2		Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions	
	Building	\$				\$		
	Contents	\$				\$		
	Mechanical Breakdown	\$				\$		
	Other	\$				\$		
Bldg. No.	Mortgagee or loss payee:							
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk:				
			1. _____ %					
			2. _____ %					

- Construction type: _____
- Protection class: _____
- Number of stories: _____
- Total square foot area: _____
- Total number of units: _____
- Sprinklered? Yes No
- Operable smoke detectors? Yes No
- Year built: _____

- Building remodeling (include year):
 Wiring? Yes No Year: _____
 Heating? Yes No Year: _____
 Plumbing? Yes No Year: _____
 Roof? Yes No Year: _____
- Burglar alarm type: Local Central Station
- Fire alarm type: Local Central Station
- Are any locations residential?.....Yes ...No

LOSS OR DAMAGE TO LESSORS' PROPERTY:

Description of Premises: _____

Description of Leased Property: _____

Name of Lessor: _____

Limit of Insurance: _____ Per Occurrence

LOSS OR DAMAGE TO CUSTOMERS AUTOS	Loc.	Enter the Limit for Each Location Max. Value of All Autos in your C.C.C.	# of Autos	Deductible Per Event	Max. Ded. For Any One Event
<input type="checkbox"/> Legal liability coverage for loss or damage to customers' autos	1	\$		\$	\$
<input type="checkbox"/> Direct primary coverage for loss or damage to customers' autos	2	\$		\$	\$
<input type="checkbox"/> Direct Coverage for loss or damage to customers' autos and other customers' property	3	\$		\$	\$
Other Coverage—Specify:					

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		LIMIT
General Aggregate		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury		\$
Each Occurrence		\$
Fire Damage (any one fire)		\$
Medical Expenses (any one person)		\$
Hired Auto Liability	Cost of Hire \$	\$
Non-owned Auto Liability	# of Employees	\$
Other Coverages, Restrictions and/or Endorsements	\$	\$
	Deductible \$	\$

Schedule of Hazards

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

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

List any owned autos:

Year, Model	Cost New	VIN	Use

A. GENERAL INFORMATION—PLEASE ANSWER ALL QUESTIONS.

1. Do you modify vehicles for Style:..... Yes No
Performance:..... Yes No
Handling Characteristics:..... Yes No

If "Yes," complete Section C.

2. Do you install trailer hitches?..... Yes No
Advise Percentage of total sales for hitch installation or repair \$ _____

3. Do you perform any welding?..... Yes No
If "Yes," explain: _____

4. Do you install or repair butane, propane or liquid petroleum systems?..... Yes No

5. Do you conduct any spray painting operations?..... Yes No
If "Yes," do you have an approved spray booth?..... Yes No

If "No," explain extent of spray painting operations: _____

6. Do you have any storage of oil, gasoline or other petroleum products?..... Yes No
If "Yes," explain: _____

7. Do you recap any tires?..... Yes No

8. Do you rent or loan autos to your customers while their autos are left with you for service or repair?... Yes No
If "Yes," explain: _____

9. Indicate the number of license plates you have: Dealers ____ Regular ____ Transporter ____ Other ____

10. Do you pick up or deliver automobiles?..... Yes No
If "Yes," indicate miles: 50 mi ____ % 50-200 ____ % over 200 ____ %

11. Are there any dogs on premises?..... Yes No

12. Do you repossess autos?..... Yes No
List the five largest entities for which you tow (commercial & Auto clubs, police)._____

Are you towing for these entities under contract?..... Yes No

Do your wreckers/tow trucks have police band radios or scanners? Yes No

If yes, explain use: _____

13. Do you engage in any dismantling/salvage or rebuilding autos?..... Yes No
If yes, please explain in section C

14. Are any automobiles consigned?..... Yes No

15. Where are keys to autos kept at night? _____ During business hours? _____

16. Are autos kept: Inside ____ % Outside ____ %

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

17. 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: _____

18. Is the parking area lighted at night? Yes No

19. Do you employ a guard while business is closed? Yes No

20. For wreckers/tow trucks: Type of vehicles towed? _____

21. Any Filings Required? ____ No ____ Yes: Advise Carrier Number _____ Type of Filing _____

B. VEHICLE CONVERSIONS AND MODIFICATIONS—Complete the following if you modify vehicles for style, performance or handling characteristics.

1. Are you a member of the Recreational Vehicle Industry Association? Yes No

2. Do you comply with the requirements of Federal Regulation Title 49 in converting or modifying vehicles?... Yes No

3. Do you subcontract any work to others? Yes No

If "Yes," explain: _____

4. Are vehicles worked on owned by you? Yes No

By others? Yes No

If owned by others, explain: _____

5. Do you provide a written contract? Yes No

If "Yes," attach a copy of typical contract.

6. Do you provide a warranty? Yes No

If "Yes," attach a copy.

7. Indicate type of work performed and/or equipment installed:

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Stoves | <input type="checkbox"/> Heaters | <input type="checkbox"/> Suspension | <input type="checkbox"/> Frame |
| <input type="checkbox"/> Tanks | <input type="checkbox"/> Refrigerators | <input type="checkbox"/> Brakes | <input type="checkbox"/> Steering Controls |
| <input type="checkbox"/> Air Conditioners | <input type="checkbox"/> Water Systems | <input type="checkbox"/> Chassis | <input type="checkbox"/> LPG Systems |

Other (describe): _____

C. COMMENT SECTION

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						

OPTIONAL INCREASED LIMITS FOR MANDATORY COVERAGES MSAS-01 (AUTO SERVICES ENDORSEMENT)

Location ___ **Building** ___

- 1. Money and Securities Limit of Insurance \$ _____ (max limit \$10,000)
- 2. Outdoor Signs Limit of Insurance \$ _____ (max limit \$10,000)
- 3. Employee Dishonesty Limit of Insurance \$ _____ (max limit \$10,000)
- 4. Valuable Papers and Records Limit of Insurance \$ _____ (max limit \$250,000)
- 5. Employee Tools Limit of Insurance \$ _____ (max limit \$10,000)
- 6. Accounts Receivable Limit of Insurance \$ _____ (max limit \$250,000)

Location ___ **Building** ___

- 1. Money and Securities Limit of Insurance \$ _____ (max limit \$10,000)
- 2. Outdoor Signs Limit of Insurance \$ _____ (max limit \$10,000)
- 3. Employee Dishonesty Limit of Insurance \$ _____ (max limit \$10,000)
- 4. Valuable Papers and Records Limit of Insurance \$ _____ (max limit \$250,000)
- 5. Employee Tools Limit of Insurance \$ _____ (max limit \$10,000)
- 6. Accounts Receivable Limit of Insurance \$ _____ (max limit \$250,000)

6. Previous carrier and loss information (current and previous 3 years): Check if no losses last three years

Year	Company	Coverage	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

FRAUD WARNING:

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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

LICENSED AGENT: _____ DATE: _____
(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

