

# AutoServiceGuard<sup>sm</sup> Supplemental Application

WILLIS PROGRAMS – PROGRAM ADMINISTRATOR

3030 N Rocky Point Dr W, #770; Tampa, FL 33607

Phone: 813-712-7000 Fax: 813-712-7001

Agency: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Producer: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## Submission Requirements:

1) In addition to this Supplemental Application, a complete submission includes:

- ACORD Applications completed for all coverage's requested.
- Currently Valued Loss Runs (current year; plus prior three years) including a description of any incurred claim over \$10,000.

2) Required Lead Time – 30 days from receipt of completed submission

3) A copy of the insured's last 4 quarterly sales tax reports.

## APPLICANT INFORMATION

Number of years at this location: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Business owner or manager has minimum of 3 year's administrative and managerial experience in type of business? If less than 3 attach description of experience .....

Yes  No

If new venture – provide details of insured's prior management experience in this type of business, and number of years and positions held.

## GENERAL LIABILITY SECTION

Total # ALL Employees: \_\_\_\_\_

### Repair:

Private Passenger Autos (include pickups & vans) \_\_\_\_\_%

Motorcycles/Boats/Snowmobiles \_\_\_\_\_%

Motor Homes/Utility Trailers/Campers \_\_\_\_\_%

Trucks \_\_\_\_\_%

Truck Tractors/Trailers/Semi-Trailers/5<sup>th</sup> Wheels \_\_\_\_\_%

Farm Machinery/Contractors Equipment \_\_\_\_\_%

Other – describe: \_\_\_\_\_%

### Total Annual Gross Receipts from:

Repair \$ \_\_\_\_\_

Convenience Store Sales \$ \_\_\_\_\_

Gas Sales \$ \_\_\_\_\_

Tire Sales \$ \_\_\_\_\_

Parts & Accessories \$ \_\_\_\_\_

Tow Truck \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Receipts \$ \_\_\_\_\_

If Mini Mart - are auto related sales (gas, auto supplies, etc) at least 51%

Yes  No

**PROPERTY SECTION**

Is Business open 24/7  Yes  No

**Loss or Damage to Customers' Autos:**

**Select Coverage Requested:**

- Direct primary coverage for loss or damage to customers' autos (MS AS 02)
- Legal liability coverage for loss or damage to customers' autos (MS AS 03)

<u>Requested Limits and Deductibles</u>	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3.</u>
Enter the Limit for Each Location	\$ _____	\$ _____	\$ _____
Other than Collision deductible per each customer's auto	\$ _____	\$ _____	\$ _____
Other than Collision maximum deductible per any one event	\$ _____	\$ _____	\$ _____
Collision deductible per each customer's auto	\$ _____	\$ _____	\$ _____

**Lessor's Property (Station Damage) (MS AS 05)**  
**(Complete additional pages if more than 1 location)**

Description of Premises: \_\_\_\_\_  
 Description of Leased Property: \_\_\_\_\_  
 Name of Lessor: \_\_\_\_\_  
 Limit of Insurance (Per Occurrence): \$ \_\_\_\_\_

**Optional Increased Limits for Mandatory Coverages, MS AS 01 (Auto Services Endorsements):**  
**(Complete additional pages if more than 1 location)**

**Location No: \_\_\_\_\_ Building No: \_\_\_\_\_**

- |  |                                      |
|--|--------------------------------------|
| 1. Outdoor Signs (\$5,000 Included)                      | Limit \$ _____ (max limit \$250,000) |
| 2. Valuable Papers & Records (\$5,000 Included)          | Limit \$ _____ (max limit \$250,000) |
| 3. Accounts Receivable (\$5,000 Included)                | Limit \$ _____ (max limit \$250,000) |
| 4. Employee Tools (\$2,500 Included)                     | Limit \$ _____ (max limit \$10,000)  |
| 5. Money & Securities (on/off premises \$2,500 Included) | Limit \$ _____ (max limit \$10,000)  |
| 6. Employee Dishonesty (\$5,000 Included)                | Limit \$ _____ (max limit \$10,000)  |
| 7. Fire Dept Service Charge (\$5,000 Included)           | Limit \$ _____ (max limit \$10,000)  |

**GENERAL INFORMATION SECTION**

1. Does applicant have any owned autos?  Yes  No
2. Does applicant rent / loan autos while customers autos are left for service / repair?  Yes  No  
 If "yes", explain: \_\_\_\_\_
3. Does applicant pick up or deliver automobiles?  Yes  No  
 If "yes", indicate radius in miles: 50 mi \_\_\_\_\_% 50-200 \_\_\_\_\_% over 200 \_\_\_\_\_%
4. Are any automobiles consigned?  Yes  No
5. Where are customers' autos kept at night?  Inside \_\_\_\_\_%  Outside \_\_\_\_\_%
6. If customers autos are kept outside, is the lot protected on all sides  Yes  No  
 If "yes", describe protection used: \_\_\_\_\_
7. Is the parking area lighted at night?  Yes  No

8. Are there any dogs on premises?  Yes  No
9. Advise if applicant performs any of the following operations:
- Airbag installation, servicing or repair?  Yes  No
  - Aircraft servicing or repair?  Yes  No
  - All terrain vehicle (ATV) service or repair?  Yes  No
  - Alternative fuel conversions (butane, propane or liquid petroleum)  Yes  No
  - Ambulance or Emergency Vehicle Repairs  Yes  No  
If "yes", advise percentage of gross receipts: \_\_\_\_\_%
  - ATV, Motorcycle or Snow Mobile service, repair or manufacturing?  Yes  No
  - Auto dismantling?  Yes  No
  - Automobile repair shops – self service?  Yes  No
  - Auto rebuilding?  Yes  No  
If "yes", advise percentage of gross receipts: \_\_\_\_\_%
  - Boat, Jet Ski or Watercraft service or repair?  Yes  No
  - Bus service or repair?  Yes  No
  - Contractor's equipment/ Farm Equipment service or repair?  Yes  No
  - Frame straightening?  Yes  No  
If "yes", advise percentage of gross receipts: \_\_\_\_\_%
  - Heavy truck service or repair?  Yes  No  
If "yes", advise percentage of gross receipts: \_\_\_\_\_%
  - Impound storage lots?  Yes  No
  - Leasing or renting of vehicles or equipment?  Yes  No
  - Major engine or body repairs?  Yes  No
  - Manufacturing or assembling operations?  Yes  No
  - Mobile equipment service or repair?  Yes  No
  - Mobile Home, Motor home, RV or Travel Trailer service or repair?  Yes  No
  - Racing operations?  Yes  No
  - Salvage or junk yards?  Yes  No
  - Spray Painting Operations?  Yes  No  
If "yes" is the spray paint booth NFPA approved?  
Explain the extent of painting operations: \_\_\_\_\_
  - Tow truck operations?  Yes  No  
If "yes" Please complete the Towing Supplemental
  - Trailer Hitch Installation or Repair?  Yes  No  
If yes, advise percentage of gross receipts: \_\_\_\_\_%
  - Truck Tractor Service or Repair?  Yes  No  
If "yes", advise percentage of gross receipts: \_\_\_\_\_%
  - Tire recapping/retreading or split rim work?  Yes  No  
Is the insured a member of the Tire Industry Association (TIA)?  Yes  No
  - Used Car Sales  Yes  No  
If "yes", number of cars sold annually: \_\_\_\_\_
  - Used Tire Sales  Yes  No  
If "yes", advise percentage of gross receipts: \_\_\_\_\_%
  - Welding?  Yes  No  
If "yes", explain: \_\_\_\_\_

**Vehicle Conversions or Modifications?** If "yes", advise percentage of gross receipts \_\_\_\_\_%  Yes  No

Indicate type of work performed and/or equipment installed:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Air Conditioners         | <input type="checkbox"/> High valued electronics      | <input type="checkbox"/> Structural       |
| <input type="checkbox"/> Chair lifts              | <input type="checkbox"/> Hydraulic suspension systems | <input type="checkbox"/> Style            |
| <input type="checkbox"/> Chassis                  | <input type="checkbox"/> Performance                  | <input type="checkbox"/> Suspension       |
| <input type="checkbox"/> Frame                    | <input type="checkbox"/> Physically disabled controls | <input type="checkbox"/> Tanks            |
| <input type="checkbox"/> Handling Characteristics | <input type="checkbox"/> Refrigerators                | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Heaters                  | <input type="checkbox"/> Stoves                       |   |

The applicant organization warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information and further warrants that if the information supplied on this application changes between the date on this application and inception of the policy, it will immediately notify the insurance companies or their appointed program administrator of such change. The present officers, employees, agents and partners of the Insured, have to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicated that any of the said officers, employees, agents and partners are dishonest. Such knowledge as any official or officer signing for the Insured may now have in respect to his or her own personal acts or conduct, unknown to the Insured is not imputable to the Insured. The signing of this application does not bind the company to offer, nor the applicant to accept insurance, but it is agreed this application shall be the basis of insurance should a policy be issued.

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)

**PRODUCER STATEMENT:**

I have reviewed this applicant's physical plant and operations and recommend this applicant to the carriers without exception unless so stated here. I have reviewed this application and agree that coverage's, limits, deductibles have been explained

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<p><b>IMPORTANT NOTICE</b></p> <p>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.</p>
---

**GENERAL STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

**APPLICABLE IN COLORADO**

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 policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**APPLICABLE IN THE DISTRICT OF COLUMBIA**

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.

**APPLICABLE IN FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN HAWAII**

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.

**APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**APPLICABLE IN MINNESOTA**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN OHIO**

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 deception statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA**

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

**APPLICABLE IN WASHINGTON**

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.

Date: \_\_\_\_\_ Authorized Applicant Signature: \_\_\_\_\_