

GARAGE - CAR WASH/VEHICLE DETAILING 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: | | | |
| DOT Number: | | | |
| MC Number: | | | |

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:

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

3) Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

4) Premise Address (if different from above): _____
 City: _____ State: _____ Zip Code: _____

5) Audit/Inspection contact: _____
 a. Phone number: _____
 b. Email: _____

6) How long have you been in operation under this business name or any others (please provide any prior entities)?

OPERATIONAL INFORMATION

7) What are your operations? Check all that apply:

- Self-Service Car Wash (unattended) Self-Service Car Wash (attended) Drive-Through Car Wash
 Exterior Service Only Car Wash Exterior Service Only Detailing Minor Body Work
 Interior/Exterior Car Wash Interior/Exterior Detailing Decal Application/Wrapping
 Other (please describe): _____

- a. Is your car wash part of a gas station or convenience store? Yes No
 b. If yes to a., are those operations insured separately? Yes No
 c. If you are operating an unattended self-service car wash, do you have signage in place requiring patrons to be 18 years of age or older to operate equipment? Yes No

8) Please complete the following table for your receipts, vehicles, and estimated miles driven:

| | Revenue | Number of Vehicles Served | Estimated Annual Mileage in Customer Autos |
|-----------------------|---------|---------------------------|--|
| Next 12 Months | | | |
| Last 12 Months | | | |
| 1st Prior Year | | | |

9) What is the average value of vehicle that is handled at your facility? _____

10) What is the maximum value of vehicle handled at your facility? _____

- 11) Do you routinely wash or detail high performance vehicles or supercars? Yes No
 a. If yes, is handling of these vehicles limited to specific employees only? Yes No
 b. Is handling of these vehicles limited to employees 25 years of age or older with a minimum of 5 years of driving experience? Yes No

12) Do you have any mobile washing/detailing operations? Yes No

- 13) 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

14) Do you review MVRs for all employees who are permitted to drive customer vehicles on a no less than annual basis? Yes No

15) If you have any minor body work or vehicle wrapping, please complete the following:

- a. Do you do any painting or clear-coating beyond minor spot touch-up/scratch correction? Yes No
 b. If yes to a., is all painting done in a spray booth? Yes No
 c. If you have spray booths, are they NFPA compliant? Yes No
 d. Do all painting and mixing areas have explosion-proof electrical systems? Yes No
 e. Do all painting and mixing areas have an automatic fire suppression system in place? Yes No
 f. Do you perform any windshield chip/crack filler injection? Yes No



16) If you operate a drive-through car wash, please complete the following:

- a. Do you have dedicated attendants monitoring the car wash at all times a vehicle is present? Yes No
- b. How many? _____
- c. Is at least one attendant on duty 18 years of age or older at all times? Yes No
- d. Do you allow customers to drive their car through the wash? Yes No
- e. Are customers advised to remove or depress any antennas or temporary decorations before entering the wash? Yes No
- f. Does the wash have anti-collision sensors to prevent vehicles from being moved through the wash conveyor when another vehicle or obstruction is in the way? Yes No
- g. Does the wash have an emergency stop system accessible from multiple points? Yes No

SAFETY AND SECURITY INFORMATION

17) 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

18) Are customers permitted to enter the vehicle service area? Yes No

19) 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? _____

20) Do you have an automatic fire suppression system in place? Yes No

21) Do you have fire or smoke alarms in place? Yes No

22) How many manual fire extinguishers are available on premise? _____

- a. How frequently are extinguishers inspected and recharged or replaced? _____

23) Do you have any dogs on premise? Yes No

24) Do you have any firearms on premise? Yes No

25) 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): _____ | | |

26) How are customer vehicle keys secured?

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

27) Do you have a written employee handbook or formal safety guidelines? Yes No

- a. How frequently are safety meetings held? _____



28) How do you store and dispose of waste materials and process wash water?

- 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

- 29) 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
- 30) 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
- 31) 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.
- 32) 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
- 33) 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: _____

