

AUTOMOBILE SERVICE OR REPAIR STATION SUPPLEMENTAL

1. Type of Operation (% of Total Sales):
Fuel _____% Tobacco Products _____% Prepared Food _____%
Repair Operations _____% Auto Washes _____%
2. Hours of operation? _____
Number of employees from 10pm to 6am? _____ (If 24 hour operation)
3. Are there any cooking appliances on premises? _____
If yes please advise number of Grills _____ Fryers _____ Ovens _____ Other _____
If yes is there a fire suppression system over cooking appliances? _____
4. Are there fuel service bays on premises? _____
If yes number of pumps? _____
5. Is there any LPG distribution? _____
If yes are the pre-filled containers property caged and enclosed? _____
(NOTE: Company will not accept if LPG cylinders are filled on premises)
6. Do you have past, present, or discontinued operations that involve(d) storing, treating, discharging applying, disposing, or transporting hazardous materials? _____
7. Are "No Loitering" and "No Smoking" signs in place? _____ Are they enforced? _____
8. Is the parking lot paved and well-maintained? _____ Is snow removal done on a contract basis? _____
If not explain _____
9. Are test drives performed on customer vehicles? _____
If yes who drives the vehicles? _____
10. Is there any body work or spray painting? _____
If yes is the spray booth U.L. listed and does it meet NFPA Standards? _____
11. Is there any high performance modification of vehicles? _____
12. Is there any engine or transmission rebuilding? _____
13. Is there any specializing in high value vehicles? _____
14. Is there any work done on vehicles over 20,000 G.V.W? _____
15. Is there a final inspection procedure before releasing to a customer? _____
16. Is there any work done on recreational vehicles? _____
17. Is there any auto sales? _____ If yes number of vehicles per year? _____
18. Is there any tire sales or service? _____ If yes percent of total operations? _____
19. Is there any rental of vehicles or equipment? _____



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- 20. Is there any rental operations conducted from premises i.e. U-Haul, Ryder, etc.? _____
- 21. Is there any tow truck operations? _____ If yes number of trucks? _____
Type of Towing _____
- 22. Is there any work subbed out to other shops? _____
If yes does applicant get up-to-date Certificates of Insurance? _____
- 23. During non-working hours are the vehicles kept in a designated area? _____
If yes is it fenced and locked? _____
- 24. Are any vehicles parked on the street or off premises? _____
- 25. What would be the average number of customer's vehicles waiting for service at any time? _____
- 26. Does the applicant have dealer plates or intend to become a dealer in the future _____
- 27. List the driver information for all owners and employees below

Name	Date of Birth	State/License Number	Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT

Any person knowingly and with intent to defraud any insurance company or other person files a 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. (Ohio).

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (New York).

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. (PA only).

Insured's Signature _____ Date _____