

Garage

Supplemental Application

Named Insured: _____

Agent Name and Phone: _____ Effective Date: _____

1. Is there an automatic sprinkler system? Yes (if yes please answer questions (a)-(h)) No (if no please skip to question 2.)
 - (a) If yes, _____ % of the building is sprinklered?
 - (b) If less than 100% of the building is sprinklered, what portion is sprinklered? _____
 - (c) Age of sprinkler system: _____
 - (d) Type of sprinkler system Wet Dry Other (Describe) _____
 - (e) Was sprinkler installed for present occupancy? Unknown Yes No
 - (f) Name of company contracted to perform sprinkler system inspection, testing and maintenance. _____
 - (g) How often is the sprinkler system maintenance and inspection performed?
 Monthly Quarterly Semi Annually Annually
 - (h) Are sprinkler alarms installed? Yes No
 If yes: Water Flow Valve Closure

2. What types of alarms protect the premises?

<input type="checkbox"/> Local	<input type="checkbox"/> Smoke Detection
<input type="checkbox"/> Central Station (constantly monitored)	<input type="checkbox"/> Heat Detection
<input type="checkbox"/> Burglar	<input type="checkbox"/> Motion Detection
	<input type="checkbox"/> Other (Describe) _____

3. Are all waste materials including rags disposed of in self-closing non-combustible containers? Yes No
4. Are flammable materials stored in approved UL listed containers? Yes No
5. Are there any spray booths or spray rooms? Yes No
 If yes, are they designed to conform to NFPA standards? Yes No
6. Are specific safety procedures followed when welding? Yes No
 If yes, please describe. _____

7. What steps are in place to ensure that proper repairs are made and that the vehicle is safe to return to the road? (Check all that apply)

<input type="checkbox"/> Post Service Checklist	<input type="checkbox"/> Repairs and Service Completed per Manufacturers Standards
<input type="checkbox"/> Service Manager Review	<input type="checkbox"/> Customer pre-approval of repairs
<input type="checkbox"/> Test Drive	

8. What pre-employment steps are taken to verify the qualifications of service staff? (Check all that apply)

<input type="checkbox"/> Reference Check	<input type="checkbox"/> Skills Test
<input type="checkbox"/> Prior Employment Verification	<input type="checkbox"/> MVR Checks
<input type="checkbox"/> Verification of Certifications, Degrees and Licenses	<input type="checkbox"/> Credit History
<input type="checkbox"/> Criminal History	<input type="checkbox"/> Other (describe): _____

9. How many new employees have you hired in the last twelve months? _____
10. What is the average number of years experience for an employee? _____
11. If the business is involved with repair of vehicles, how are the customer's vehicle protected if kept overnight?
 Fenced Lot No Repair Other please describe: _____
12. What are your normal hours of operation? _____
13. Are customers allowed in service area? Yes No

14. Do you have full or self service gas pumps? Yes No
 (a) Do they have clearly marked emergency shutoff devices? Yes No
 (b) Are rules posted (e.g. No Smoking; Shut Off Engine, etc.) Yes No
15. Number of tow trucks _____
 (a) Is there 24 hour towing? Yes No
 (b) Is there Repossession of Autos? Yes No
16. Is Test Driving of Vehicles performed? Yes No
 (a) If yes, do those employees who perform test driving have MVR checks? Yes No
17. Are employees allowed to use company vehicles for personal use? Yes No
 If yes, are there any written rules or restrictions? Yes No
18. Do you sell vehicles? Yes No
 (a) Number sold per year? _____
 (b) Number of dealers plates? _____
 (c) Number of repair plates? _____
19. Check any of the following that may apply to your business:
- | | |
|--|---|
| <input type="checkbox"/> Auto Dismantlers, Rebuilders, Restorers | <input type="checkbox"/> Renting, Leasing or Loaning Vehicles |
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Salvage or Wrecking Operations |
| <input type="checkbox"/> Convenience Sales Revenues >35% | <input type="checkbox"/> Self Service Bay Rentals |
| <input type="checkbox"/> Delivery or Pickup of Customers Autos | <input type="checkbox"/> Tire Recapping or Vulcanization |
| <input type="checkbox"/> Dog on Premises during or after hours | <input type="checkbox"/> Tire Sales Revenues >25% |
| <input type="checkbox"/> Equipment or Tool Rentals | <input type="checkbox"/> Work on Trucks over 20,000 GVW |
| <input type="checkbox"/> Parking Garage Operations | <input type="checkbox"/> Gas Sales Revenues >25% |
| <input type="checkbox"/> Racing Cars or Teams | <input type="checkbox"/> None of the Above |
20. Does insured ever hire independent contractors to perform maintenance, repair, or other construction work? Yes No
 (a) Is there a standard written and signed contract between the business owner and contractor? Yes No
 If yes: _____
 (b) Does contract require the contractor to name the business owner as an additional insured for both operations and completed operations? Yes No
 (c) Does the contractor agree to indemnify and hold harmless the business owner? Yes No
 (d) Has the contractor provided a certificate with proof that the contractor has Workers Compensation and General Liability insurance with limits at \$1 million/\$1 million minimum? Yes No
21. Do you have a website? Yes No
 If yes, please provide URL _____