

APPLICATION

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QUOTATION NUMBER

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	EDITION DATE	PRODUCER Robert Hawkins DBA Hawkins Insurance Services P.O. Box 2207 Spring Valley, CA 91979-2207 619-670-1136 F 619-670-5026 bondpro1@cox.net DOI 0655770 DOI OB33276
NAME OF APPLICANT, MAILING ADDRESS AND TELEPHONE NUMBER		APPLICANT'S OPERATIONS AND LOCATION/PREMISES AUTO REPAIR SHOP State:CA 10-19 P/A 078 RT 031 20140306

This is NOT an insurance policy, nor an offer to provide coverage. Coverage will not be effective until confirmed in writing by **INSURANCE COMPANY.**

All questions pertain to the subject Location/Premises unless otherwise indicated.

1. Business entity: _____
1=Individual 2=Joint venture 3=Partnership
4=Corporation 5=Limited Liab. Co. 6=Other
2. Completely describe the operations at this location:

3. Open for business: _____
4. How long has applicant been in this type of business:

5. How long has applicant been at this location:

6. Is any portion of the applicant's premises subleased: _____
If yes, describe occupancy(ies) and related square footage:

7. Describe all adjoining or adjacent occupancies and/or vacancies:

8. Total annual gross sales by category:
Tire sales/service: \$ _____
Oil/quick lubrication work: \$ _____
Brake work: \$ _____ Towing: \$ _____
Other repair work: \$ _____
Body work: \$ _____
Gasoline/diesel sales: \$ _____
LPG sales: \$ _____
Mini-mart/grocery operations: \$ _____
Self-serve car wash operations: \$ _____
Full-serve car wash operations: \$ _____
Restaurant operations: \$ _____
Other: \$ _____
Explain: _____

- 9.a. No. of FULL-TIME workers (Include active owners, officers, partners, managers, mechanics, clerical and subcontractors. Each active owner, officer or partner equals one full-time worker):
Car wash operations: _____
Mechanical or body work: _____
All other operations: _____

- 9.b. No. of PART-TIME workers (Include managers, mechanics, clerical and subcontractors):
Car wash operations: _____
Mechanical or body work: _____
All other operations: _____

10. Total area: _____ square feet
Mini-mart/grocery customer area: _____ square feet
Restaurant customer area: _____ square feet
Car wash area: _____ square feet

11. No. of gasoline/diesel pumps: _____
No. of self-serve car wash bays: _____
12. Parking area or number of spaces: _____

13. Building age: _____ years
Date and extent of remodeling: _____

14. Does the building's plumbing system have all copper supply pipes/no galvanized: _____

15. Any remodeling, renovation or construction work to be performed during the policy period: _____
If yes, explain: _____

16. Number of floors: _____
17. Building class: 1=Frame 2=Other _____
If other, explain: _____

18. Fire station within 5 miles: _____
Fire hydrant within 1,000 feet: _____
19. Properly functioning fire extinguishers: _____

Properly functioning sprinklers: _____

Properly functioning smoke detectors: _____

20. Fire alarm: _____
1=Local 2=Central station 3=None
Burglar alarm: _____
1=Local 2=Central station 3=None
21. Name of alarm company: _____

Phone number: _____

22. Current and valid licenses as required by law: _____

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23. No. of vehicles kept overnight: _____
Where are vehicles stored overnight: _____
24. Perform mechanical repair/service on large commercial trucks, buses, motor homes, trailers, tractors, motorcycles, watercraft or other recreational vehicles: _____
25. Perform mechanical repairs/service or sponsor performance vehicles or vehicles used for racing or stunting: _____
26. Perform mechanical repairs/service on high value or exotic cars: _____
27. Tow commercial vehicles/heavy equipment: _____
Tow under contract: _____
Note: If yes, provide proof of insurance.
28. Rent, lease, or loan vehicles or equipment to others: _____
29. Offer "Rent-A-Bay" or other self-serve facilities: _____
30. Perform dismantling/wrecking/salvaging: _____
31. Perform new or used car sales: _____
32. Sell used or salvaged parts: _____
If yes, are parts rebuilt by someone other than the applicant: _____
1=Yes 2=No 3=N/A
33. Perform mobile repair work: _____
34. Manufacture any components or parts: _____
Contract with others to manufacture components or parts for use or sale: _____
35. Days of operation: _____
Business hours: _____
36. Describe all unusual operations or business practices not customary to this type of business: _____
37. Describe all unusual hazards and unusual physical conditions at the property: _____
38. 4-year policy history (Company/Po1.#/Dates)

39. Loss history for the past 4 years: (include claims reported, unreported, and known occurrences which may result in claims):
Description Date Amount Open/Closed

40. Has applicant had a fire loss at this or other property or business within 10 years: _____
If yes, describe: _____
41. Is the subject risk currently insured for both Property and Liability: _____
42. Any prior coverage declined, cancelled, or non-renewed in the past 3 years: _____
If yes, explain: _____
43. Has producer seen risk in last 60 days: _____
Overall condition: _____
44. Is applicant in receivership or involved in any bankruptcy proceedings: _____
45. Underwriter's comments:
Acceptable Motor Vehicle Records required.

- Coverage and premiums are subject to inspection and acceptance in writing by _____ No coverage will be effective without written confirmation by _____. Brokers do not have binding authority.
- This application contains a description of all exposures and hazards known, by the applicant and by the producer, including a true description of all operations of the applicant. All information is provided by the applicant or by the applicant's authorized representative. Misrepresentation on the application may void all insurance.
- If a policy is issued, it is agreed that the applicant agrees to promptly implement all reasonable loss control requirements as may be determined.
- The above named applicant understands that service fees, if any, are not premium and are for services other than insurance; and the producer acknowledges that he or she has advised the applicant of this fact and complies with applicable law.
- If the application is signed by the producer, the producer acknowledges that he or she has advised the applicant of all the above stated facts. If the producer is a broker, the broker further acknowledges that he or she is acting with the authority of the applicant as the applicant's authorized agent in providing the information contained herein.
- This application may be executed and transmitted by facsimile or email and in counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same application.

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Signature of Applicant _____ Date _____

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SECTION I PROPERTY COVERAGE

\$ _____ Building Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form
 ___ Replacement Cost
 ___ Sprinkler Leakage Exclusion
 ___ Agreed Value
 ___ Inflation Guard: _____ %
 ___ Ordinance or Law Cov. A

\$ _____ Ordinance or Law Coverage B

\$ _____ Ordinance or Law Coverage C

\$ _____ Personal Property Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies
 Check All That Apply:
 ___ General Form
 ___ Optional Perils
 ___ Special Form
 ___ Special Form Excl. Theft
 ___ Replacement Cost
 ___ Sprinkler Leakage Exclusion

\$ _____ Business Income (Without Extra Expense)
 ___% Coinsurance Applies
 --OR--
 1/___ Monthly Limit of Indemnity Applies
 Check if Applies:
 ___ Off Premises Svcs. - Time Element

\$ _____ Business Income (With Extra Expense)
 ___% Coinsurance Applies
 --OR--
 1/___ Monthly Limit of Indemnity Applies
 Check if Applies:
 ___ Off Premises Svcs. - Time Element

\$ _____ Employee Tools
 \$ _____ Deductible Applies

\$ _____ Property in Transit
 (Subj. to Personal Property Coverage Deductible)

\$ _____ Food Spoilage Coverage
 ___% Coinsurance Applies
 \$ _____ Deductible Applies

\$ _____ Accounts Receivable Endorsement
 \$ _____ Deductible Applies
 ___% Coinsurance Applies

\$ _____ Valuable Papers and Records Endorsement
 \$ _____ Deductible Applies

\$ _____ Sign Endorsement
 Special Deductible Terms Apply

Glass Coverage Endorsement
 ___ Square Feet Limit Applies
 \$ _____ Deductible Applies

SECTION II LIABILITY COVERAGE

Garage Insurance
 Bodily Injury Liability and
 Property Damage Liability
 Combined Single Limit
 Check if Applies:
 ___ Hired Auto Liability

\$ _____ Per Occurrence Limit
\$ _____ Aggregate Limit

Incidental Contractual Liability
 \$ _____ Per Occurrence Sublimit
 (Subj. to Garage Insurance Liability Aggregate Limit)

Products & Completed Operations
 \$ _____ Per Occurrence Sublimit
 \$ _____ Aggregate Sublimit
 Check if Applies:
 ___ Broad Form Products

Real Property Liability -
 Fire Damage
 \$ _____ Per Occurrence Sublimit
 (Subj. to Garage Insurance Liability Aggregate Limit)

\$ _____ Property Damage Deductible Applies
 Per Each Occurrence to Garage Insurance Coverage and Sublimits

(Continued...)

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Personal Injury Liability Insurance
\$ _____ Per Occurrence Limit
(Subject to Garage Insurance
Liability Aggregate Limit)

Leased Premises Liability
Auto Property Damage
\$ _____ Per Occurrence Limit
(Subject to Garage Insurance
Liability Aggregate Limit)

Liquor Liability Coverage
\$ _____ Per Occurrence Limit
\$ _____ Aggregate Limit

Garagekeeper's Legal Liability Insurance
Comprehensive & Collision and
Auto in Tow Liability
\$ _____ Per Vehicle Limit
\$ _____ Per Occurrence Limit
\$ _____ Per Vehicle Deductible Applies
\$ _____ Per Occurrence Aggregate
Deductible Applies

Garagekeeper's Direct - Primary
Comprehensive & Collision and
Auto in Tow Liability
\$ _____ Per Vehicle Limit
\$ _____ Per Occurrence Limit
\$ _____ Per Vehicle Deductible Applies
\$ _____ Per Occurrence Aggregate
Deductible Applies

SECTION III CRIME COVERAGE

\$ _____ Contents Theft Endorsement
\$ _____ Deductible Applies

\$ _____ Employee Tools
\$ _____ Deductible Applies

\$ _____ Theft, Disappearance and Destruction
\$ _____ Deductible Applies

MISCELLANEOUS (Attach addresses)

Number of Additional Insureds: _____

Number of Mortgagees: _____

Number of Lender's Loss Payables: _____

Number of Loss Payables: _____

TOTAL ANNUAL PREMIUM FOR THIS APPLICATION:

ANTICIPATED EFFECTIVE DATE REQUESTED:

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