

ASAP CHECKLIST AND SUPPLEMENTAL QUESTIONNAIRES

CHECKLIST: The following items are required as part of any auto service submission. Any variance from these required items should be discussed with your underwriter.

- ACORD APPLICATION, completed in its entirety and signed (including at least
 1. APPLICANT INFORMATION SECTION,
 2. COMMERCIAL GENERAL LIABILITY, and
 3. BUSINESS AUTO SECTION or GARAGE AND DEALERS SECTION, along with any state-specific forms, such as the GENERAL FRAUD STATEMENT and AUTO COVERAGES / LIMITS SECTION)
- PHOTOS, at least (2) photos of each location.
- LOSS RUNS, (3) years of currently valued + the current term loss runs or loss information
- DRIVER INFO, a complete list of employees and family members having any driving exposure. The list should include: drivers full name, date of birth and license number.
- GENERAL QUESTIONNAIRE, **(Must be completed for all submissions)**
- SUPPLEMENTAL QUESTIONNAIRES, complete the portion of the attached supplemental questionnaires that corresponds to your exposures. In the case of multiple operations, complete as many parts of the supplementals as needed to properly assess and identify the exposures.
 - Repair Garage-Mechanical
 - Body Shop
 - Service Station/Convenience Store (Liquor Liability App)
 - Car Wash/Tire Dealer/Other



Utica National Insurance Group

Insurance that starts with you.

Utica Mutual Insurance Company and its affiliated companies, New Hartford, NY

AUTO SERVICE GENERAL QUESTIONNAIRE (REQUIRED)

Insured's Name: _____ Years in industry/experience? _____

Number of Employees (include all active proprietors or officers) _____.

Description of Operations (Check all that apply and provide annual sales information)

- | | |
|---|--|
| <input type="checkbox"/> Mechanical Repair Annual sales? _____ | <input type="checkbox"/> Body Shop Annual sales? _____ |
| <input type="checkbox"/> Salvage/Dismantling/Junkyard Annual sales? _____ | <input type="checkbox"/> Service Station Annual sales? _____ |
| <input type="checkbox"/> Convenience Store Annual sales? _____ | <input type="checkbox"/> Car Wash Annual sales? _____ |
| <input type="checkbox"/> Tire Dealer Sales/Service Annual sales? _____ | <input type="checkbox"/> Other/Describe _____ |

Hours of Operation _____ to _____ or 24 Hour Operation

- If 24 hours, number of employees/attendants on duty during late evening/early morning hours? _____

Any vehicle sales? If so, Yes No

- Average cost and age of the vehicles? _____

- Number of vehicles sold per year? _____.

Any towing operations? If so, Yes No

- Number of Tow Trucks? _____.

- Towing contracts in place? If yes, describe: _____

- Repossession work? Yes No Any roadside work? Yes No

- Estimated number of jobs per year? _____ Radius of operations? _____

Dealer and Transporter Plates

- Number of Dealer Plates? _____

- List the Dealer Plate Registration Numbers:

- o _____
- o _____
- o _____
- o _____
- o _____

- How are they being used? _____

- Number of Transporter Plates? _____

- List the Transporter Plate Registration Numbers:

- o _____
- o _____
- o _____
- o _____
- o _____

- How are they being used? _____

- Who Controls the use of the plates and how are they controlled?

- Do non-employees have access to Dealer Plates? Yes No

- Do non-employees have access to Transporter Plates? Yes No

- How and where are Transporter and Dealer Plates stored when not in use?

Garagekeepers (COMPLETE ONLY QUESTIONS NOT ALREADY ANSWERED ON ACORD APPLICATION)

			LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	
<input type="checkbox"/>	LEGAL LIABILITY	<input type="checkbox"/>	30	\$		\$	\$	
		<input type="checkbox"/>		\$		\$	\$	
		<input type="checkbox"/>		\$		\$	\$	
<input type="checkbox"/>	DIRECT BASIS	COLLISION	30	\$		\$		
				<input type="checkbox"/>	\$		\$	
				<input type="checkbox"/>	\$		\$	

Maximum # of autos kept on premises at one time? Loc#1 _____ Loc#2 _____ Loc#3 _____
 Number of Service Bays? Loc#1 _____ Loc#2 _____ Loc#3 _____
 Average value per auto kept on premises? Loc#1 _____ Loc#2 _____ Loc#3 _____

Vehicles loaned, rented or leased? If yes, give details: Yes No

Dog kept on the premises at any time? Yes No

Insured subcontract any work? Yes No

- If yes, are certs. obtained? Yes No

Work performed on vehicles used in racing? If yes, give details: Yes No

Work performed on classic/antique vehicles? If yes, give details: Yes No

Woodstoves or waste oil heaters utilized? Yes No

Cutting/welding done on premises? Yes No

- If yes, describe operations and precautions taken to address "sparking":

Housekeeping and maintenance of the buildings and grounds adequate? Yes No

Crime Exposures

Building alarmed with:

Burglar Alarm? Yes No

- If yes, check one Central Local Alarm

- If yes, when was alarm last serviced? _____

equipped with:

- Video surveillance cameras? Yes No

- Robbery panic buttons? Yes No

Is there a security/watchman service? Yes No

Maximum amount of cash kept on premises:

At any one time? _____

Overnight? _____

Employee background checks made/reviewed? Yes No

Cigarette/tobacco products sold? Yes No

- If yes: Estimate annual sales: _____

Estimate highest value of inventory on hand _____

Describe how products are displayed and stored:

OPTIONAL SUPPLEMENTAL QUESTIONNAIRES.

REPAIR GARAGE SUPPLEMENTAL (If Applicable)

Describe type(s) of repairs the insured does (e.g. tune-ups, major engine/transmission repair, etc.):

Describe (e.g. tuneups, major engine / transmission repair, etc.):

Any work performed on: (place a check in any of the following boxes if the exposures exists)

- | | | |
|---|--|--|
| <input type="checkbox"/> Heavy trucks/equipment | <input type="checkbox"/> Farm equipment | <input type="checkbox"/> Radiator repair |
| <input type="checkbox"/> Public Transportation Vehicles | <input type="checkbox"/> Recreational Vehicles | |

Describe: _____

Any body work/spray painting? Yes No

If yes, to what extent? _____

All replacement parts new? Yes No

If not, advise where parts are obtained from: _____

UL approved parts cleaning cabinet with self-closing lid used? Yes No

Safety solvent use for parts cleaning? Yes No

If no, what product(s) is used? _____

Are garage tools/equipment etched with I.D. markings and/or serial numbers records kept? Yes No

SERVICE STATION/CONVENIENCE STORE SUPPLEMENTAL (If Applicable)

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Full Service | <input type="checkbox"/> Self Service | <input type="checkbox"/> Combination Full/Self Service |
|---------------------------------------|---------------------------------------|--|

Any convenience store operation? If so: Yes No

- Any alcoholic beverages sold? Yes No
- If yes, is there separate Liquor Liability Insurance? Yes No

Fire extinguishers kept within 100 feet of all tanks and pumps? Yes No

All tanks and pumps protected by concrete posts? Yes No

Liquid Petroleum Gas sold? Yes No

- If yes, what % of total sales does LPG sales represent? _____

CAR WASH SUPPLEMENTAL (If Applicable)

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Manual |
|-------------------------------|---------------------------------|

Attendant on premises at all times? Yes No

For self-service washers, are floors properly finished to prevent slips/falls? Yes No

For self-service and touchless washers, how often are consoles emptied of cash and deposits made?

BODY SHOP SUPPLEMENTAL (If Applicable)

Welding and cutting areas separated from other operations? Yes No

Spray painting done? If so, Yes No

- Full body or incidental/touch up work? _____

- Which of the following set ups apply to the spray paint area (check one)?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> U.L. approved booth | <input type="checkbox"/> Separate building | <input type="checkbox"/> Cut off room |
|--|--|---------------------------------------|

Other/describe: _____

Facility equipped with explosion proof electrical wiring and components? Yes No

UL approved ventilation system? Yes No

Paints/solvents/rags stored in UL approved cabinets/containers when not in use? Yes No
Portable extinguishers properly mounted, tagged and dated for inspection? Yes No
Smoking prohibited in repair, painting and storage areas? Yes No
Upholstery/convertible roof work performed? Yes No

TIRE DEALER SUPPLEMENTAL (If Applicable)

Is any Recapping or retreading performed? Yes No

Square footage of floor area dedicated to tire storage? _____

Any specialty tires sold? (e.g. Farm tractors, trucks, construction equipment, etc.) If yes, explain Yes No

Cages used in the removal of tires other than passenger car or light truck tires? Yes No

Explain: _____

Any used tire sales? Yes No

- If yes, what % of total sales? _____

FRAUD WARNING

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, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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 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.

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.

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.