

Auto Services Quote Questionnaire

Producer: _____

Date: _____

General Information

Business Name: _____

Address: _____

Phone: _____

Email: _____

Contact Name: _____

Website: _____

Description of Operation: _____

Legal Entity (Corp, LLC, etc.): _____

FEIN #- _____

Years in Business: _____

Current Insurance Company: _____

Years with Current Insurance Company: _____

Renewal Date: _____

Number of Owners: _____

Number of Part Time Employees: _____

Number of Full Time Employees: _____

Gross Annual Sales: _____

Notes:

Auto Services

Please select the operation that best describes your business.

Does your operations include any of the following activities?

- Auto, ATV, motorcycle, snowmobile, boat, or trailer sales, leasing, or rental
- Auto building, rebuilding, or structural changes
- Risks with transit or dealer plates (repair or towing plates are acceptable but must be written on an auto policy)
- Antique or classic vehicle repair
- Van, truck or auto conversions, including customizing
- LP gas dealers (other than a small cylinder exchange at an otherwise eligible operation)
- parking garages
- Rent-A-Bay services
- Salvage, dismantling, scrap metal, or junkyard operations
- Sale of used/re-built parts or scrap
- Tire Dealers (except auto repair facilities with incidental tire sales of less than 25% of total sales)
- Sale of re-capped or used tires
- Tire re-capping
- Towing operations (other than towing operations that are incidental to the auto services business)
- Boat Repair
- Auto Upholstery
- Repossession operations
- Machine or welding shops
- Tool rental operations

How many locations does your business occupy _____

Location Address	Year Built	Square Footage	Construction Type	Roof	Electrical	Plumbing	HVAC	Building \$	Contents \$

Is the building equipped with any of the safety features listed below?

- _____ Smoke Alarm- if yes, are they hardwired or battery
- _____ Fire Alarm- Report to central station or only sound alarm on premises
- _____ Burglar Alarm- Report to central station or only sound alarm on premises
- _____ Fire Extinguishers- annually serviced
- _____ Sprinkler System- Full Building or Partial
- _____ Lot Protection- Security Cameras – Fence – Dogs – Guards – Firearm

Building & Contents Coverage

How much coverage do you desire for the building at this location? _____

How much coverage do you desire for business personal property or the contents at this location?

What deductible do you desire for damage to your building or property? _____

Is this building financed? If so, how much do you owe on it? _____

How many service bays to you have at this location? _____

How many lifts do you have at this location? _____

Tools & Equipment Section

Do you have tools that leave your location to go to job sites each day? If yes, please select the type of equipment below.

Small Hand Tools Valued under \$500 per item- \$ _____

Mobile Equipment (Backhoe, Trencher, Skid Steer) - \$ _____

Power Tools and Equipment Valued over \$500 per Item- \$ _____

Employee Tools- Small Hand Tools Valued under \$500 per item- \$ _____

What deductible do you desire for damage to, theft of, or misplacement of your equipment? _____

Auto Repair Operations Exposures

1. Do you repair any of the following

- _____ Heavy trucks
- _____ Trailers
- _____ Contractor's equipment
- _____ ATVs
- _____ Boats
- _____ RVs
- _____ Motorcycles
- _____ Kit cars
- _____ racing vehicles

2. Do you repair or service vehicles away from your premises? _____

3. Do you have any loaner cars available? (How many?) _____

What controls are in place before loan vehicle? _____

4. Do you deliver or pick-up customer vehicles? _____

5. Do you have a customer key drop off box? _____

6. Where are keys of overnight vehicles stored? _____

7. Do you sell used or recapped tires? _____

8. Do you do any contract towing? (24-hour, AAA, state police, municipality, etc) _____

9. Do you maintain a junkyard? _____

10. Do you own, sponsor, or work on race cars? _____

11. Do you provide an area for customers to wait while their vehicle is repaired? _____

12. Do you restrict the public from entering your garage work area? _____

13. Do you retain records on all repairs performed by your operation? _____

14. Are your mechanics certified? _____

15. Do you install airbags? _____

16. Do you disconnect airbag switches? Please describe experience/certification. _____

Auto Body Shop Exposures

1. Do you perform any painting operations? - Where? _____
2. Do you weld any parts together during repair? _____
3. Where are paints/solvents stored? _____
 - UL approved cabinet
 - Storage cabinet
 - Paint mixing room
4. Do you have a separate paint mixing room? (Construction type) _____

Coverage For Your Customers Autos In Your Care

How much coverage do you desire for vehicles owned by your customers at your shop? _____

How much of a deductible would you be comfortable paying during a claim? _____

Employment Related Practices

Would your business like to be protected from lawsuits involving Employment Related Practices such as sexual harassment, wrongful termination, and discrimination? _____

Desired Deductible _____

Data Compromise

Would you like for your business to be protected from lawsuits arising from cyber-attacks on your computer systems or network that results in the theft of your clients or employees personal information such as bank, credit card, or social security numbers?

Desired Deductible _____

Employee Benefits Liability

Would you like for your business to be protected from lawsuits arising from the administration of your employee benefits program? _____

Desired Deductible _____

Have you had any claims in the last 5 years? _____

Claims Details:

Additional Notes: