



CAR WASH APPLICATION

General Information - Complete one form for each location

Date of survey _____ Insurance Renewal Date _____ Date proposal is needed _____

Legal Name of Business & DBA (Include all businesses that are to be included as insureds): _____
FEIN: _____

Location Address: _____ County: _____

Mailing Address (if different): _____ Website Address: _____

Contact Name: _____ Phone: _____

Email Address: _____

Owner/ President Name: _____

Business Information

Description of Business: Sole Proprietorship Partnership LLC Corporation Other _____

Years in Business: _____ Years of Experience: _____ (if in business less than 3 yrs, attach a resume & summary of experience of Manager.)

Number of Executives/Officers/Owners: _____ No. of Employees FT _____ PT _____

Gross Annual Sales (Carwash sales only) _____

Annual Revenue Sales (All Business Revenue) _____

Real and Personal Property

Current Carrier _____ Current Premium _____

MAIN WASH BUILDING

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built	Bldg Sq. Ft.	Sq. Footage You Occupy	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type
Frame Construction Type		Occupancy Type		Year Built		Year Updated
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		<input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Roof Electrical HVAC Plumbing		
Exterior Siding						
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other						

VACS or DRYING SHED w/ CANOPY

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built	Sq. Ft.	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type
Frame Construction Type		Occupancy Type		Year Built Year Updated	
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		<input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding					
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

VACS or DRYING SHED w/ CANOPY

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built	Sq. Ft.	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type
Frame Construction Type		Occupancy Type		Year Built Year Updated	
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		<input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding					
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

STAND ALONE ROAD SIGN

Limit w/ Equipment Attached _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built	Sq. Ft.	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type
Frame Construction Type		Occupancy Type		Year Built Year Updated	
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		<input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding					
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

STANDALONE PAY STATIONS WITH CANOPY

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built	Sq. Ft.	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type
Frame Construction Type		Occupancy Type		Year Built Year Updated	
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		<input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding					
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

OTHER STRUCTURE

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built	Sq. Ft.	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type
Frame Construction Type		Occupancy Type		Year Built Year Updated	
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		<input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding					
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

OTHER STRUCTURE

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built	Sq. Ft.	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type
Frame Construction Type		Occupancy Type		Year Built Year Updated	
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		<input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding					
<input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

Real and Personal Property

Are there any other buildings at locations listed above that are not being quoted? Yes No

If Yes, please explain: _____

Please list name and address of any mortgagee (MTG) or loss payee (LP) for each location

Location No.	Type	Name and Address
1	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
2	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
3	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
4	<input type="checkbox"/> MTG <input type="checkbox"/> LP	
5	<input type="checkbox"/> MTG <input type="checkbox"/> LP	

General Liability Limits of Insurance

Current Carrier _____ Current Premium _____

Limits of Liability

\$1,000,000 Occurrence / \$2,000,000 Aggregate Occurrence Claims-made Retroactive Date _____

Medical Expense: \$5,000 Other _____

Damage to rented properties: \$100,000 Other _____

Certificates of Insurance & Additional Insureds

List any entities that need Certificates of Insurance or Additional Insureds Endorsement for liability coverage.

For Additional Insureds, describe their interest in your business.

Loc. No.	Name & Address	Certificate of Insurance	Additional Insureds
Describe Interest		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest		<input type="checkbox"/>	<input type="checkbox"/>

Receipt Information

Please check all that apply to your business:

Location: _____	Type of Wash/Receipts (\$)	Other Sales
# of Bays: _____	<input type="checkbox"/> Self-Serve \$ _____	<input type="checkbox"/> Gas \$ _____
Est. Monthly Car Count: _____	<input type="checkbox"/> In-Bay Automatic \$ _____	<input type="checkbox"/> Ice \$ _____
	<input type="checkbox"/> Exterior Wash \$ _____	<input type="checkbox"/> Lube \$ _____
	<input type="checkbox"/> Full Service \$ _____	<input type="checkbox"/> Retail \$ _____
	<input type="checkbox"/> Dog Wash \$ _____	<input type="checkbox"/> Laundry \$ _____
	<input type="checkbox"/> Hand Wash \$ _____	<input type="checkbox"/> Other \$ _____

Garage Keepers Liability Information

Please indicate the Garagekeepers Legal Liability Limit desired (If driving Customers Auto or performing or doing detail):

\$ _____ Address: _____

\$ _____ Address: _____

\$ _____ Address: _____

Does the insured perform mobile service or repair? Yes No

Where are the customers vehicles stored overnight: _____

Type of Vehicle Storage Facility: Building Standard Open Lot Non-standard Open Lot

Please describe protection devices present, i.e. locks, alarms, sprinkler systems, fire extinguishers, lighting, fences, etc.: _____

Does the insured pick up and deliver customers' autos? Yes No

If Yes, please complete the Driver Information section & submit a list of all drivers including date of birth and license number.

Business Operations Information

Is there a formal maintenance program for buildings and grounds? Yes No

Do you accept: Cash Bills Credit Cards

How often is cash pulled? _____ How often are deposits made? _____

If credit card machines are on premises, are they alarmed? Yes No

Are customers warned about restricted areas? Yes No

Is the building equipped with an alarm system? Yes No

If Yes, what type of alarm? Central Alarm Local Alarm Audible Silent

Are video surveillance cameras present? Yes No

If Yes, where are they located on the premises? _____

Do exterior doors have double cylinder dead bolt locks? Yes No

Do you have and review Material Safety Data Sheets (MSDS) with employees? Yes No

Are any automotive repair services completed on premises? Yes No

Are the following signs clearly posted?

Vehicle Height: Yes No

Risk potential to customized equipment: Yes No

Restricted Area: Yes No

Vehicle Hazards: Yes No

Clean out pickup beds? Yes No

Self-Serve/ In Bay AutomationN/AIs the car wash attended? Yes No

If Yes, how many hours daily? _____

How are customer incidents handled? Explanation _____

Is contact phone number posted? Yes NoDo Wands have triggers? Yes NoAre oil and water separators present? Yes No**Lube**N/AWhich service set up does your operation use? Pits LiftsIf Pits, are there protective nets or other safety devices? Yes NoIf Lifts, is there a regular maintenance program in place? Yes NoIs all work reviewed by a second technician? Yes NoAre customers allowed in the shop area? Yes NoIs there a separate waiting area for customers? Yes NoDoes your facility use alternative/supplemental heating units? Yes No

If Yes, please explain _____

Dog WashN/AIs the dog wash attended? Yes No

How many tubs are available? _____

Are tubs in separate rooms? Yes NoAre there safety restraints in tubs? Yes NoDo you offer any professional grooming services? Yes NoAre grooming supplies offered to your customers? Yes No**Premium History**

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): _____ \$ _____ (Current Year)

Carrier(s): _____ \$ _____ (1st Prior Year)

Carrier(s): _____ \$ _____ (2nd Prior Year)

Work CompNo Coverage Requested

Desired Limit of Insurance:

Insurer*: _____

Policy Number: _____

Effective Dates: _____

Policy Period: _____

Employers Liability (Coverage B) Limits offered:

\$1,000,000 - Bodily Injury by Accident

\$1,000,000 - Bodily Injury by Disease

\$1,000,000 - Bodily Disease Policy Limit

Clerical (only) Payroll - Annually \$ _____ (Clerical Duties Only)

Car Wash (only) Payroll - Annually \$ _____

Owner (only) Payroll - Annually \$ _____ (Only needed if included in Work Comp)

Prior Loss Information

Have there been any claims or losses in the last 5 years? Yes No

If Yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization.

Date of Occurrence	Date of Claim	Type of Claim & Description of Occurrence	Amount Paid	Amount Reserve	Claim Status
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed

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