



# 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		<u>Year Built</u> <u>Year Updated</u>		
<input type="checkbox"/> Type 1 - Wood		<input type="checkbox"/> Self Service		Roof _____		
<input type="checkbox"/> Type 2 - Metal		<input type="checkbox"/> In Bay Automatic		Electrical _____		
<input type="checkbox"/> Type 3 - Masonry		<input type="checkbox"/> Full Service		HVAC _____		
Exterior Siding		<input type="checkbox"/> Express		Plumbing _____		
<input type="checkbox"/> Type 1 - Wood		<input type="checkbox"/> Warehouse				
<input type="checkbox"/> Type 2 - Metal		<input type="checkbox"/> Dog Wash				
<input type="checkbox"/> Type 3 - Brick Veneer		<input type="checkbox"/> Hand Detail				
<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 <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <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		Year Built _____ Year Updated _____ 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 <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <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		Year Built _____ Year Updated _____ 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 <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <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		Year Built _____ Year Updated _____ 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 <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <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		Year Built _____ Year Updated _____ 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 <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <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		Year Built _____ Year Updated _____ 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 <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <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		Year Built _____ Year Updated _____ 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 Automation**☐ N/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 ☐ Lifts

If Pits, are there protective nets or other safety devices?

☐ Yes ☐ No

If Lifts, is there a regular maintenance program in place?

☐ Yes ☐ No

Is all work reviewed by a second technician?

☐ Yes ☐ No

Are customers allowed in the shop area?

☐ Yes ☐ No

Is there a separate waiting area for customers?

☐ Yes ☐ No

Does your facility use alternative/supplemental heating units?

☐ Yes ☐ No

If Yes, please explain \_\_\_\_\_

**Dog Wash**☐ N/A

Is the dog wash attended?

☐ Yes ☐ No

How many tubs are available? \_\_\_\_\_

Are tubs in separate rooms?

☐ Yes ☐ No

Are there safety restraints in tubs?

☐ Yes ☐ No

Do you offer any professional grooming services?

☐ Yes ☐ No

Are 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 Comp**☐ No 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**

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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

Fax Back To: (936) 449-8062 or Email To: [ssimpson@1stinsurance.net](mailto:ssimpson@1stinsurance.net)