



SELF SERVE & IBA APPLICATION

General Information

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

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

FEIN: _____

Mailing Address: _____

County: _____

Location Address (if different): _____

County: _____

Telephone: _____ Fax: _____

Website Address: _____ E-Mail Address: _____

Owner/ President: _____ Cell Phone#: _____

Office/Home Phone#: _____

Business Information

Description of Business: Sole Proprietorship Partnership Corporation Other _____

Years in Business: _____ Years of Experience: _____

(if in business less than 3 years, please attach a resume & summary of experience of Manager.)

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

Real and Personal Property - (If multiple locations complete one square for each location)

Please complete the schedule below. If the coverage is blanket, be sure to show a breakout of the building and contents values at each location.

Current Carrier: _____ Current Premium: \$ _____

| Main Wash | Address | | | | Limit of Building with Attached Equipment | Limit of Insurance Personal Property | |
|---|--|------------|----------------|------------------------|---|---|--------------|
| | <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 |
| Construction Type | | | Occupancy Type | | Year Built | | Year Updated |
| <input type="checkbox"/> Type 1-Frame | <input type="checkbox"/> Self Service | Roof | _____ | _____ | | | |
| <input type="checkbox"/> Type 2-Joisted Masonry | <input type="checkbox"/> IBA | Electrical | _____ | _____ | | | |
| <input type="checkbox"/> Type 3-Non-Combustible | <input type="checkbox"/> Full Service | HVAC | _____ | _____ | | | |
| <input type="checkbox"/> Type 4-Masonry Non-Combustible | <input type="checkbox"/> Express | Plumbing | _____ | _____ | | | |
| <input type="checkbox"/> Type 5-Madified Fire Resistive | <input type="checkbox"/> Warehouse | | | | | | |
| <input type="checkbox"/> Type 6-Fire Resistive | <input type="checkbox"/> Dog Wash | | | | | | |
| | <input type="checkbox"/> Other _____ | | | | | | |

| | | | | | | | |
|---|---------------------|---|---------------------------------|---|---|---|-------|
| VAC or Drying Shed | Address | | | | Limit of Cover & Vacs Together | Limit of Insurance Personal Property | |
| | | | | | | | |
| <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 _____ | |
| Construction Type | | Occupancy Type | | | <u>Year Built</u> | <u>Year Updated</u> | |
| <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-Combustible <input type="checkbox"/> Type 4-Masonry Non-Combustible <input type="checkbox"/> Type 5-Madified Fire Resistive <input type="checkbox"/> Type 6-Fire Resistive | | <input type="checkbox"/> Self Service <input type="checkbox"/> IBA <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Other _____ | | | Roof | _____ | _____ |
| | | | | | Electrical | _____ | _____ |
| | | | | | HVAC | _____ | _____ |
| | | | | | Plumbing | _____ | _____ |

| | | | | | | | |
|---|---------------------|---|---------------------------------|---|---|---|-------|
| Stand Alone Road Sign | Address | | | | Limit of Sign | Limit of Insurance Personal Property | |
| | | | | | | | |
| <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 _____ | |
| Construction Type | | Occupancy Type | | | <u>Year Built</u> | <u>Year Updated</u> | |
| <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-Combustible <input type="checkbox"/> Type 4-Masonry Non-Combustible <input type="checkbox"/> Type 5-Madified Fire Resistive <input type="checkbox"/> Type 6-Fire Resistive | | <input type="checkbox"/> Self Service <input type="checkbox"/> IBA <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Other _____ | | | Roof | _____ | _____ |
| | | | | | Electrical | _____ | _____ |
| | | | | | HVAC | _____ | _____ |
| | | | | | Plumbing | _____ | _____ |

| | | | | | | | |
|---|---------------------|---|---------------------------------|---|---|---|-------|
| Standalone Pay Stations w/ Canopy | Address | | | | Limit of Pay Station w/ Canopy | Limit of Insurance Personal Property | |
| | | | | | | | |
| <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 _____ | |
| Construction Type | | Occupancy Type | | | <u>Year Built</u> | <u>Year Updated</u> | |
| <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-Combustible <input type="checkbox"/> Type 4-Masonry Non-Combustible <input type="checkbox"/> Type 5-Madified Fire Resistive <input type="checkbox"/> Type 6-Fire Resistive | | <input type="checkbox"/> Self Service <input type="checkbox"/> IBA <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Other _____ | | | Roof | _____ | _____ |
| | | | | | Electrical | _____ | _____ |
| | | | | | HVAC | _____ | _____ |
| | | | | | Plumbing | _____ | _____ |

| | | | | | | |
|--|---|---|---|---|---|--------------------------------------|
| Other Structure | Address | | | | Limit of Other Structure | Limit of Insurance Personal Property |
| <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 |
| Construction Type | | | Occupancy Type | | Year Built | Year Updated |
| <input type="checkbox"/> Type 1-Frame | <input type="checkbox"/> Type 2-Joisted Masonry | <input type="checkbox"/> Type 3-Non-Combustible | <input type="checkbox"/> Type 4-Masonry Non-Combustible | <input type="checkbox"/> Type 5-Modified Fire Resistive | <input type="checkbox"/> Type 6-Fire Resistive | |
| <input type="checkbox"/> Self Service | <input type="checkbox"/> IBA | <input type="checkbox"/> Full Service | <input type="checkbox"/> Express | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Dog Wash | <input type="checkbox"/> Other _____ |
| | | | | Roof | Electrical | HVAC |
| | | | | | | Plumbing |

Type 1-Frame – Building where the exterior walls are wood or other combustible materials including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood.

Type 2-Joisted Masonry - Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.

Type 3-Non-Combustible - Buildings where the exterior walls and the floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non- combustible materials.

Type 4-Masonry Non-Combustible - Buildings where the exterior walls are constructed of masonry materials as described in Code 2, with the floors and roof of metal or other non-combustible materials.

Type 5-Modified Fire Resistive - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive material with a fire resistance rating of one hour or more but less than two hours.

Type 6-Fire Resistive - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

For additional locations please complete and attach a separate Property Supplement.

Real and Personal Property (continued)

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 | |

GCL Limits of Insurance

Current Carrier: _____ Current Premium: \$ _____

Limits of Liability

\$1,000,000 Occurrence/ \$2,000,000 Aggregate

\$ _____

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 endorsements 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 \$ _____ |
| 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 _____ \$ _____ |

| Location: _____ | Type of Wash/Receipts (\$) | Other Sales |
|--------------------------|--|---|
| # of Bays: _____ | <input type="checkbox"/> Self-Serve \$ _____ | <input type="checkbox"/> Gas \$ _____ |
| 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 _____ \$ _____ |

| Location: _____ | Type of Wash/Receipts (\$) | Other Sales |
|--------------------------|--|---|
| # of Bays: _____ | <input type="checkbox"/> Self-Serve \$ _____ | <input type="checkbox"/> Gas \$ _____ |
| 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/A

Is the car wash attended? Yes No

If Yes, how many hours daily? _____

How are customer incidents handled? Explanation: _____

Do Wands have triggers? Yes No

Are oil and water separators present? Yes No

Lube

N/A

Which 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 \$ _____ (- Check here if exclude from 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 |
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