



APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY #

FEIN

WEB ADDRESS

UNDERWRITING INFORMATION

GENERAL INFORMATION

- 1. Number of years in business:
2. Hours of operation:
3. Are there guard dogs on premises?
4. Are firearms kept on premises?
5. Is there a car wash?
6. Any retail sales other than auto-related equipment?
7. Applicant involved in any of the following:
8. Is brake work more than 50% of total sales?

GASOLINE

- 1. Does applicant sell gasoline?
2. Is bottled propane gas sold?
3. Annual sales in gallons?
Gas or propane gas?

SPRAY PAINTING

- 1. Does applicant have an approved paint booth?
2. Are flammables kept in fireproof cabinets?
3. Are "No Smoking" signs posted?
4. Are there ventilation fans?
5. Does booth have explosion-proof lighting?
6. Are switches outside of booth?

SHOP AREA

- 1. Are customers permitted in the shop area?
2. Does applicant have a woodburning stove?
3. Does applicant have a waste oil heater?
4. Self-closing parts washer used?
5. Is a metal can with a self-closing lid used for oily and waste rags?
6. Who picks up the used tires, oil and batteries?
7. What percent of the operations involve welding?

DRIVER & VEHICLE INFORMATION

- 1. Any towing for municipalities?
2. Operate a 24-hour towing service?
3. How many full-time employees?
4. Number of part-time employees?
5. Are MVRs run on new employees?
6. Does applicant have a personal auto policy?
7. Do any family members operate company vehicles?
Comments:

N.J. Law P.L 1995, c. 132: Any person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

Owner or Officer's Name		Agent's Name	
Title		Agent's Signature	Date
Owner or Officer's Signature	Date	Expiring policy number, if applicable	