

AUTO SERVICE AUTO BODY SHOP Supplemental questionnaire

APPLICANT INFORMATION

NAMED INSURED

WEBSITE ADDRESS

UNDERWRITING INFORMATION

GENERAL INFORMATION

GENERAL INFORMATION		10. How is building heated?	
1.	Number of years in business:	□ Forced air □ Waste oil □ Wood burning □ Not heated □ Other:	
2.	Hours of operation: to	a. If waste oil is used, please answer the following:	
3.	Is applicant a member of AASP (Alliance of Automotive Service Providers)? □ YES □ NO	Is it UL approved? □ YES □ NO Is it professionally installed? □ YES □ NO Is it serviced annually? □ YES □ NO	
4.	Number of full-time employees (include active owners):	11. Is a UL-approved metal can with self-closing lid used for	
5.	Number of part-time employees (< 20 hrs/week):	oily and waste rags? □ YES □ NO 12. Regular pickup/disposal of waste	
6.	Has applicant ever been cited for	oil and tires? \Box YES $\ \Box$ NO	
	EPA violations? I YES I NO	13. Is welding completed on premises? □ YES □ NO	
PR	OPERTY INFORMATION	If yes: a. What percentage of business does it account for?%	
7.		b. How is it controlled?	
	service/body shop? □ YES □ NO If not, when and how was it converted?	 14. Is spray painting, coating or rustproofing done (whether oil, water or acrylic-based)? □ YES □ NO 	
8.	If building is greater than 20 years old, when were updates made to:	If yes, an NFPA-compliant spray booth is mandatory. a. Are spraying operations done in a: Manufactured booth.	
	Plumbing:	□ Homemade/non-manufactured booth.	
	Electrical:	 b. Is there an automatic fire suppression/sprinkler system in place that was installed by a 	
	Roof:	licensed fire suppression contractor?	
	HVAC:	c. Does booth contain explosion-proof	
9.	Is smoking allowed on premises? \Box YES $\ \Box$ NO	lighting fixtures? YES NO	
	If yes, where is smoking permitted?	 d. Is there proper ventilation in booth? □ YES □ NO e. Are there tight-fitting air filters in place? □ YES □ NO f. Does paint kitchen/mixing room have self-closing fire-rated doors? □ YES □ NO 	
		g. Are all switches on outside of booth? DYES DNO	

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- 15. Are hoists and floor jacks inspected and certified on a regular basis?..... □ YES □ NO
- 16. What security measures are in place for both interior and exterior (i.e. alarm, security cameras, fenced/gated lot)?

GENERAL LIABILITY INFORMATION

17.	Is customer access to shop area restricted? \Box YES	□ NO		
18.	Are there dogs on premises?	□ NO		
	b. Is the dog confined or tied up? \square YES			
	c. Are there previous instances of dog bites? \Box YES	□ NO		
19.	Are firearms kept on premises? If yes, how are they secured?			
20.	Is there a car wash? I YES	□ NO		
	If yes: Automatic Manual wash/wand			
21.	Are rent-a-bay services offered?	□ NO		
22.	22. Is applicant involved in any of the following: a. Retail sales other than auto-related			
	equipment/parts?			
	b. Tire recapping/retreading? YES			
	c. Work on trucks over 20,000 GVW? YES			
	d. Split-rim work? YES			
	e. Sales of new/used vehicles? YES			
	f. Vehicle leasing or rental?□YES □			
	g. Contractor's equipment repair? DYES D			
	h. Farm machinery equipment repair? □ YES □ N			
	i. Gasoline or LPG/propane sales? YES			
	j. Motorcycle sales or repair?□YES k. RV repair?□YES			
	I. Repair of emergency vehicles or public			
	transportation units? YES			
	m. Frame straightening? YES			
	n. Any off-premises or roadside			
	service/repair work? YES	□ NO		

- o. Installation of any ignition interlock devices?... \Box YES $\ \Box$ NO
- p. Sales or installation of any used tires?...... \Box YES $\ \Box$ NO
- q. Any towing services offered? □ YES □ NO If yes, check all that apply:
 □ Customer vehicles only □ Municipalities
 □ AAA □ 24 hour □ Own tow truck > 20,000 GVW
- r. Are loaner vehicles offered? □ YES □ NO If yes, check all that apply:
 - Formal loaner agreement executed indicating driver is fully responsible for physical damage and holds insured harmless
 - \square Confirms valid drivers license in force
 - □ Require minimum age of 25
 - Proof of insurance obtained

GARAGE/AUTO INFORMATION

- 23. Are shuttling services offered to customers? \Box YES $\ \Box$ NO
- 24. Are customers' vehicles kept overnight? □ YES □ NO If yes:a. Maximum # inside: _____

25. If customers are allowed to drop vehicles after business hours, is there a secured				
drop box for keys? \Box YES	□ NO			
26. Is there any personal use of company autos? □ YES If yes:	□ NO			
a. Is a personal auto policy in place? □ YES b. Any family members operate	□ NO			
company vehicles? Company vehicles?	□ NO			
27. Are certified mechanics employed				
(i.e. ASE or similar) with emphasis on				
continuing education/training? \square YES	□ NO			
28. Are MVRs run on candidates before hiring? □ YES	□ NO			

29. Is there a formal written safety program, including a distracted driving policy in place?... □ YES □ NO

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b. Maximum # outside:

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 UFG Insurance authorization to order a credit report on my business and/or me.

OWNER/OFFICER NAME		AGENT NAME	
TITLE		AGENT SIGNATURE	DATE
OWNER/OFFICER SIGNATURE	DATE	EXPIRING POLICY NUMBER, IF APPLICABLE	

The signer of this application acknowledges and understands that the information provided in this application is material to the insurer's decision to provide the requested insurance and is relied on by the insurer in providing such insurance. The signer of this application represents that the information provided in this application is true and correct in all matters. The signer of this application further represents that any changes in matters inquired about in this application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the insurer immediately in writing. The insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the insurer's underwriting guides. The insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the insurer and shall not estop the insurer from relying on any statement in this application in the event the policy is issued. It is agreed that this application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

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