



Prospect Name: _____

Renewal Date: _____

Quote for Auto Service and Repair

Business Information

Business Name: _____

First Insured Last Name: _____ First Insured First Name: _____

Business Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Web Address: _____ FEIN: _____ SIC Code: _____

Business Entity: [] Individual* [] Partnership [] Corporation [] LLC [] Joint Venture [] Association [] Other

*Are there Personal Lines Policies with Insured with Farmers? (Yes / No)

*Personal Lines Household Number: _____

Are there other Commercial policies insured with Farmers (other than Workers Comp)? (Yes / No)

In what year did the business start operations? _____

Is this an established business with previous Insurance? (Yes / No)

How many years of management experience in this industry does the applicant have? _____

Are there any locations or business interests which are owned by the applicant but not shown on the application? (Yes / No)

How many Additional Interests (Mortgagees/Loss Payees/Additional Insured) are required? _____

Do you want to add schedule auto to this Policy? (Yes / No)

Do you want Blanket Coverage to apply to all location's building and/or contents? (Yes / No)

Underwriting-General Questions

Is work performed on vehicles over 20,000 pounds? (Yes* / No)

* Is work performed on motor homes, travel trailers, and motorcycles? (Yes / No)

ATV's, ATC's, snowmobiles, boats or off road vehicles and equipment? (Yes / No)

Is work performed primarily on rental vehicles? (Yes / No)

Is work performed on vehicles with specialized equipment? (Yes / No)

Are there mixed occupancies (such as gasoline stations with grocery/convenience stores, restaurants, auto parts stores, or car washes) ? (Yes / No)

Does the operation specialize in air bag, suspension or frame replacement/repair? (Yes / No)



Is there any re-building or re-manufacturing of parts? (Yes / No)

Do operations include customized design and installation, modifying or eliminating emissions controls,
or high performance exhaust systems? (Yes / No)

Do Operations involve customized glass installation or glass repair – building
(residential or commercial)? (Yes / No)

Do operations involve customized transmissions for high performance vehicles, or rebuilding of transmissions
to exceed the manufacturers specifications for performance ? (Yes / No)

Do operations include used, retreaded or recapped tire sales and/or installation, or tire retreading? (Yes / No)

Prior Carrier Information (Additional Information can be placed in Notes Section)

Carrier Name: _____ Term Year: _____ Premium: _____

Auto Premium: _____ General Liability Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Auto Premium: _____ General Liability Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Auto Premium: _____ General Liability Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____



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Auto Premium: _____

General Liability Premium: _____

Hard Copy of Loss Runs: (Yes / No)

Losses: (Yes / No)

Type of Loss: _____

Date of Loss: ___ / ___ / ___

Amount Paid: _____

Reserves: _____

Description: _____

Carrier Name: _____

Term Year: _____

Premium: _____

Auto Premium: _____

General Liability Premium: _____

Hard Copy of Loss Runs: (Yes / No)

Losses: (Yes / No)

Type of Loss: _____

Date of Loss: ___ / ___ / ___

Amount Paid: _____

Reserves: _____

Description: _____

Has the applicant had any Business Insurance Policy cancelled in the last 3 years? (Yes* / No)

*Why?: _____

(Please collect up to 5 years of Loss Runs)

Garage Liability

Garage Liability Limit: 1,000,000 1,000,000 2,000,000

Garage Completed Operations Deductible: 500,000 1,000 2,000

Garage Medical Payment Limit: No Coverage Garage Ops

Garage Payroll: _____ Broad Form Products (Yes / No)

Additional Insured – Owner of Garage Premises: (Yes / No)

Garage Keepers

Garage Keepers Coverage: (Yes* / No)

Garage Keepers Liability Limit: _____

Number of Autos: _____

Comprehensive Deductibles:

\$100 per auto/\$500 per occurrence \$100 per auto/\$500 per occurrence \$250 per auto/\$1,000 per occurrence

\$500 per auto/\$1,000 per occurrence \$1,000 per auto/\$2,500 per occurrence \$1,000 per auto/\$5,000 per occurrence

Collision Deductible: \$100 per occurrence \$100 per occurrence \$500 per occurrence



Policy Details

Year Built: _____ Building Amount: _____ Contents Amount: _____

Location Deductible: _____

Wind / Hail Deductible: _____ (W/H States Only – TX, MN, SD, NE, & CO)

Tenant Improvement and Betterment: _____

Construction:

- Frame Masonry Non-Combustible Masonry Non-Combustible Modified Fire Resistive Fire Resistive

Roof Type:

- Shake Tile Composite Flat-Rubber Flat-Thermoplastic Built-up Bitumen Built-up Modified Bitumen Built-up Tar-Gravel Other

Number of Stories: _____

Fire Sprinkler System: (Yes* / No) Sprinkler Type: (Full* / Partial)

*Fire Sprinkler System Regularly Maintained? (Yes / No)

of Part Time Employees: _____ # of Full Time Employees: _____

Total Annual Receipts/Sales: _____ Franchise: (Yes / No)

Occupancy:

- Antique and Classic Automotive Body Shop, Automotive Body Shop, Trucks Bump Shops, Automotive repair Collision Shops, Automotive Customizing Services, Non-Factory Exterior Repair Services Interior Repair Services Lettering and Painting Service Lettering, Automotive Mobile Home and Trailer Repair Paint Shop, Automotive Lettering and Painting Service Top (Canvas or Plastic) Installation Truck Painting and Lettering Upholstery and Trim Shop, Auto Van Conversion

When did the business start operation at this location: ___ / ___ / ___

Total Square footage occupied by Insured? _____

Is the applicant the sole occupant of the building? (Yes / No)

Is more than 25% of the building occupied by others? (Yes / No)

Indicated the type of alarm at this location: None Local Central Station UL with Certificate

Where is the business located: Stand Alone Building Strip Shopping Center Enclosed Mall

Attached to a Habitational structure



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Additional Questions

Building Improvements / Renovations at this Location:

Has the building undergone a comprehensive renovation since it was originally built? (Yes / No)

(Comprehensive renovation means complete gutting to the exterior walls with completely new interior walls, plumbing, heating, wiring and roof.)

Enter renovation date: ___ / ___ / ___

Wiring Year: _____ Roofing Year: _____ Plumbing Year: _____ Heating Year: _____

Are there general repair facilities with more than 30% of receipts generated from repair or installation of batteries and/or tires? (Yes / No)

Are there mobile operations? (Yes / No)

Are loaner vehicles provided to customers? (Yes / No)

Are vehicles held for sale? (Yes / No)

Is there a need for Dealer Tags and/or Transporter Plates? (Yes / No)

Any tire sales/installation/service or repair? (Yes / No)

Any towing operations? (Yes / No)

Number of service bays: _____

Number of hoists/lifts/pits: _____

Does the insured conduct test drives of customer vehicles? (Yes / No)

Are any garage operations conducted off-premises? (Yes / No)

Does insured perform service or repair on any of the following types of vehicles/equipment? (Forklifts/Heavy equipment/ machinery/motorhomes/5th wheels/ hitches/suspension systems/tractors)? (Yes / No)

Are written/formal procedures in place to advise customers of outstanding repair issues? (Yes / No)

Any alcohol sales? (Yes / No)

Hours of Operations: 0-12 hours 13-18 hours 19-24 hours

Other policies with the Farmers Insurance Group? (Yes / No)

Is the building design intended for this type of operations? (Yes / No)

Are hazardous material properly stored and disposed of? (Yes / No)



Auto Coverage Section

Auto Details

Are there any vehicles leased to others? (Yes / No)

Is there hazardous cargo or hauling of goods, materials, or commodities that require Department of Transportation signs or lettering? (Yes / No)

Are there any hold harmless agreements required? (Yes / No)

Are there courtesy vehicles? (Yes / No)

Are there Public Transportation Exposures – other than Courtesy vehicles? (Yes / No)

Are there specialty uses or is there sponsoring of Special Events? (Yes / No)

Are there any oversized, overweight or unstable loads? (Yes / No)

Are any vehicles used for the following? None Garbage and Recycling Door to Door Sales

Residential Mail / Newspaper delivery Residential package delivery Ice Cream Vendors

Are there high-valued goods, including merchandize subject to theft? (Yes / No)

Are there any vehicles that have Permanently Mounted Special Equipment? (Yes / No)

Are there any vehicles that have been customized, altered, or that have Special Equipment? (Yes / No)

Description of Business Operations: _____

Driver Information

1.) First Name: _____ Last Name: _____ DOB: ___/___/_____

Drivers License Number: _____ State of License: _____ International License: (Yes / No)

2.) First Name: _____ Last Name: _____ DOB: ___/___/_____

Drivers License Number: _____ State of License: _____ International License: (Yes / No)

3.) First Name: _____ Last Name: _____ DOB: ___/___/_____

Drivers License Number: _____ State of License: _____ International License: (Yes / No)

4.) First Name: _____ Last Name: _____ DOB: ___/___/_____

Drivers License Number: _____ State of License: _____ International License: (Yes / No)



5.) First Name: _____ Last Name: _____ DOB: ___/___/___
Drivers License Number: _____ State of License: _____ International License: (Yes / No)

Vehicle Information (*Required for Medium to Heavy Truck)

1.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

2.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)



3.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

4.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

5.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

