

Auto Body Repair Shops Insurance

Subsidiaries, Partners and Joint Ventures:

Mailing Address

Actual Address

Website Address

E-Mail

Phone

Fax:

Applicant is:

If Other, explain

of Years in Business

of Years Experience

If new operation/company, describe work experience of the principals:

Limit of Liability required:

Other \$

Deductible:

Other \$

2 Description of Operations and Revenue: (Indicate operations by showing approximate gross revenues generated for each operation for the past year.)

Operations to be Insured

Receipts Total

Sale of petroleum and related products	\$
Sale of propane and/or natural gas	\$
Vehicle servicing (cars & light trucks) – (oil, lube, etc)	\$
Truck servicing (heavy trucks)-(mechanical, electrical)	\$
Vehicle repairs (cars & light trucks) – (mechanical, electrical)	\$
Truck repairs (heavy trucks)-(mechanical, electrical)	\$
Propane and/or natural gas fuel system conversions, repair or maintenance	\$
Repairs – auto body and/or paint	\$
Tire sales, repairs & service (cars & light trucks)	\$
Tire sales, repairs & service (heavy trucks)	\$
Auto parts sales: (new, used and/or reconditioned) please describe:	\$
Specialty shops (muffler, glass, detailing) please describe:	\$
Car wash: automated or self serve (please describe):	\$
Mobile service: (must be described in full):	\$
Automobile salvage yard	\$
Vehicle sales – new	\$
Vehicle sales – used	\$
Convenience store (* see question #6)	\$
Restaurant (*see question #6)	\$

Food Liquor

Rental of portion of property (specify tenant)	\$
Rental of property or equipment: (specify: eg. videos, carpet cleaners etc.)	\$
Other: (must be described in full)	\$

TOTAL

3 Business Experience:

Number of years in this business:
 Number of years at this location:
 If new business, please advice related experience:

4 Number of Employees **Full time----** **Part time-----**
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5 Garage Program Coverage and Limits Required:

A. Garage Package
 Property of Every Description

This is a declaration of insurable property values. You are required to declare 100% of current REPLACEMENT values.

Property to be Insured

Limit
Required

Buildings (List all buildings & structures at premises separately)	\$
Signs, standards, booths, islands	\$
Fuel pumps, associated equipment	\$
Fuel tanks * (supplementary application required)	\$
Garage equipment (included owners tools if left on premises)	\$
Office equipment (including EDP equipment)	\$
Tenants improvements	\$
Stock (excluding fuel, tobacco, stamps, phone cards)	\$
Fuel	\$
Tobacco products	\$
Stamps, phone cards, lottery & bus tickets	\$
Other – please describe	\$
Business Interruption	
Please provide a quotation for extended business income (Broad Form Perils) – 12 month indemnity period	\$
(Limited business income available upon request)	

Crime

Coverages Available Limit Required

Employee Dishonesty – Form A/ Depositor’s Forgery	\$
Loss of Money inside the premises	\$
Loss of money outside the premises	\$
Loss of money inside when premises closed	\$
(N.B. - \$2,500 MAXIMUM, COVERAGE NOT AVAILABLE IF NO SAFE)	\$
Money orders & counterfeit paper currency (included with purchase of crime coverage)	

Commercial General Liability Please advise limited required:

Tenant’s Legal Liability – The policy currently provides \$250,000 limit. Is this limit sufficient?
 If “no”, what limit is required? 0

Equipment Breakdown – Option #2

This coverage is optional: please indicate if a quote is required

Umbrella Liability

This coverage is optional: please indicate if a quote is required

If “yes”, a Supplementary Questionnaire is required.

This coverage is available over primary limits of \$1,000,000 only.

Umbrella Liability provides excess limits over General Liability and Garage Automobile Liability.

It can be extended to provide excess limits over owned Automobile Liability insurance –

6 Garage Automobile – Is this coverage required?

If “yes” complete standard OAF 4 form

Other Coverages Available:

INSIDE

OUTSIDE NO
CARS
INSIDE

Owned or lease automobiles insurance: to obtain a quotation, please complete a standard application for Ontario automobile insurance.

Any other Coverages: please contact our office (e.g. Cargo, Contractor’s Equipment, Mobile Equipment, Employee’s tool.)

7 Building and Protection Information (A separate sheet must be completed for each building)

Building Construction Details

Walls

Roof

Floors

Describe type of building

GARAGE

Year built

Total Grade Floor of Building

SF

of Storeys

SF

Total Grade Floor of Building

SF

Basement

Building heated by:

Is building air conditioned

Is there an elevator?

No. of hoists and their capacity?

What year were the following updated:

Heating

Plumbing

Roof

Wiring

TRANSFORMER

Is the Risk within 500 feet of a Fire Hydrant?

Is the Risk within 3 miles of a Fire Hall?

Name of the responding Fire hall:

Are there portable extinguishers located on the premises?

If "yes", please note date of last service

Date

No. of extinguishers:

Is the risk sprinklered?

Are there physical barriers in place to prevent vehicle impact to pumps/above ground tanks/kiosks, etc?

Is building solely occupied by applicant

If "no", building occupied by others as:

Surrounding Exposures: Describe the Occupancy, construction and distance separating the buildings

to each side of the Applicant's premises (i.e, restaurant, auto body shop; wood, brick, large glass area,

steel, no exposure.)

Front:

Right Side:

Left Side:

Back:

Is any of the exposed glass cracked,

If "yes", describe:

Are all doors fitted with dead locks

windows

fixed and equipped with locking devices

metal screens

bars

in sound condition?

If "no", do existing locks, etc. adequately protect this risk?

Does risk have a burglar alarm system protecting all accessible openings?

If "yes" indicate type of alarm:

Make:

Certificate No.:

Name of Installing Company:

Name of Monitoring Company:

Does risk have smoke/fire alarm system?

Please fully describe:

Are there any other security measures in place?

Please fully describe (eg. guards, dogs, etc)

Is there a safe?

If "yes", is it ULC listed? Describe:

Type:

Manufacturer:

Is there an alarm system on safe?

Is the safe anchored to the floor?

Amount of cash left overnight?

Are regular deposits made?

How frequently are deposits made?

Detail:

What protection for tobacco products are in place?

(e.g., cages, stored separately – where and how and who has access)

What is the value of the tobacco on display?

How is the balance of tobacco stored?

Who has access to the stored tobacco not on display?

Is there any video camera surveillance?

If yes, describe: (type, manufacturer, details, etc)

Is there an ATM machine on the premises?

Is the ATM machine owned or leased by applicant?

Is the ATM machine owned by others?

Is there a separate ATM alarm, please describe:

Max. cash amount:

\$

(If garage automobile coverage required – Ontario application for automobile insurance form (OAF 4) must be completed)

Do you operate customers' vehicles at any time?

Do you road test customers' vehicles?

Do you park vehicles on your premises for remuneration?

Average No.

Average number of vehicles on the premises at any one time

Maximum value of any one vehicle on your premises (collision limit)

\$

Please state the comprehensive limit per occurrence required.

\$

Number of tow trucks you own (must be insured separately)

How many dealers plates do you own?

How many garage plates do you own?

What is the maximum value of any vehicle driven with the dealers plate?

\$

What are the dealer plates used for?

What are the plate numbers?

Driver Information

(Provide information for any employees who will operate a customer's vehicle. If additional space needed, please print on separate sheet of paper and attach.)

<u>Driver's Name</u>	<u>Driver's License Number</u>	<u>Driver's Date of Birth</u>
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9 Loss Experience:

Please fully describe all losses that occurred during the past 5 years

<u>Date of Loss</u>	<u>Amount of Loss</u>	<u>Deductible</u>	<u>Description of Loss</u>
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What steps have you taken to prevent further losses form occurring?

10 Previous Insurance:

Name of Property Insurer:	Expiry Date	Policy No.
Name of Automobile Insurer:	Expiry Date	Policy No.

To your knowledge, has any insurer cancelled coverage or refused to renew?

If yes, why?

Will there be a Mortgagee or lien holder on the policy if issued?

Mortgagee or Lien holders' Name

Mortgagee or Lien holders' Address

Interest: (e.g. building, equipment, etc)

AUTOBODY SUPPLEMENTARY APPLICATION

Do you have a Certificate of Approval from the Ministry? PROVIDE FILE # _____

Do you have an agreement in place with a Licensed Waste Hauler? If yes, provide Name:

Please provide the name of the Engineering Firm that assisted in the Certification of the booth?

Is spray application done only in a spray room or booth designed for that purpose approved by National Fire Protection Associations Guidelines (NFPA) or National Building Code? Specify:

Is the spray booth sprinkled ? Wet or Dry System:

Do you have a parts cleaner? If yes, does the container have a self-closing lid?

Do you do any specialty painting or lettering?

Describe:

Are ULC/UL listed steel safety cans used for storage, transporting or dispensing of flammable or combustible liquids?

What is the quantity of flammables used daily?

Where are they stored?

Are waste rags, etc., kept in a ULC Listed metal container with self closing lid?

Number of year's experience in operation of spray booths does the Chief Technician have?

WELDING & BODY WORK

What safety procedures are in place with respect to welding operation?

How are welding tanks stored:

Do you do frame straightening?

If No, is this subcontracted out explain:

Where are parts obtained:

New: _

Used:

Do you do work on Gas Tanks? If No, is this subcontracted out, if yes,

Describe:

Number of years experience of Chief Technician doing:

Frame Straightening: Years

Welding: Years

GENERAL

Are the premises occupied and checked at least 30 minutes after all hot work has been completed?

How many fire extinguishers rated ABC are on premises? When were they last serviced

Is there a separate office or reception area for visitors?

If NO, where do visitors meet with staff:

Do you do vintage restorations work?

Do you work on anything other than automobiles or small trucks? Describe:

Do you offer a guarantee on work done? If yes, how long:

Do you get Certificates of Insurance from any sub-contractor?

Is any mobile work done? If yes, describe

When vehicles are left overnight, how are they stored and where are keys kept? Describe below:

TORONTO INSURANCE SOLUTIONS