

**THIS APPLICATION CANNOT BE PROCESSED WITHOUT TWO PHOTOGRAPHS OF THE CAR WASH.  
A SEPARATE APPLICATION IS REQUIRED FOR EACH ADDITIONAL LOCATION TO BE INSURED.**

**GENERAL INFORMATION**

Contact Name \_\_\_\_\_ Date \_\_\_\_\_

First Named Insured \_\_\_\_\_ Effective Date \_\_\_\_\_

Mail Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_ Other (specify) \_\_\_\_\_

Interest: \_\_\_ Owner \_\_\_ Tenant What percentage of building is owner occupied? 100% \_\_\_ 75-99% \_\_\_ less than 75% \_\_\_

Number of years in Car Wash Business \_\_\_\_ If less than 3 years provide prior business experience \_\_\_\_\_

Does named insured have ownership interest in any other business? If yes, describe operation, name,relationship,percentage of ownership, location address for other business. \_\_\_\_\_

**CARRIER & PREMIUM INFORMATION**

Prior 3 years Policy Dates	Name of Insurance Company	Premium
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____

**ENTER ALL CLAIMS AND OCCURRENCES FOR THE PRIOR 3 YEARS**

**Attach Loss Run / History**

Date of Occurrence	Type/Description Occurrence or Claim	Date of Claim	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**UNDERWRITING AND COVERAGE INFORMATION**

**Full Service** [Conveyor Tunnel - Employee takes control of vehicle] Number of Full Serve Conveyor Tunnels: \_\_\_\_\_

Type: Touchless \_\_\_ Brush \_\_\_ Soft Cloth \_\_\_ Combination \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Do you have workers' Compensation?  Yes  No

**Other Profit Centers** [indicate those applicable] Specify if Owner Operated (O) or Tenant Operated (T)

- \_\_\_ Detailing (# of vehicle detailed per month) \_\_\_\_\_
- \_\_\_ Vehicle repair \_\_\_ Lube \_\_\_ Windshield \_\_\_ Emissions
- \_\_\_ Auto Sales \_\_\_ Lease/Rental \_\_\_ Towing
- \_\_\_ Mini Storage \_\_\_ Convenience Store
- \_\_\_ Food Service (Describe) \_\_\_\_\_
- \_\_\_ Dog Wash \_\_\_ Gas Sales
- \_\_\_ Other (Describe) \_\_\_\_\_

Annual Car Wash Revenue \$ \_\_\_\_\_ Other Profit Centers Annual Revenue \$ \_\_\_\_\_

Number of vehicle washed per month \_\_\_\_\_ Maximum number of customer vehicles in your control at one time: \_\_\_\_\_

Are vehicles kept overnight?  Yes  No Average value customer vehicle \$ \_\_\_\_\_

Who is allowed to move/drive customers' vehicles? \_\_\_\_\_

Do designated drivers wear special clothing to clearly distinguish them from non-drivers? Yes  No

Are handicapped-equipped vehicles operated by managers only?  Yes  No Are customers allowed in wash area?  Yes  No

Explain procedure for releasing vehicle back to customer \_\_\_\_\_

Year building constructed \_\_\_\_\_ If building over 30 yrs indicate year updated: Wiring \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_

Building Construction: \_\_\_\_\_ **F** = Frame – wood, stucco \_\_\_\_\_ **JM** = Joisted Masonry – block, brick, concrete walls with wood truss roof

\_\_\_\_\_ **NC** = Non-Combustible – metal on metal \_\_\_\_\_ **MNC** = Masonry Non-Combustible – block walls with metal truss roof

Property limit: Replacement Cost	Building 1	Building 2	Vacuum/Canopy Isle
<b>Building Square Footage</b>	_____	_____	_____
<b>Building Value</b>	\$ _____	\$ _____	\$ _____
<b>Equipment Value</b>	\$ _____	\$ _____	\$ _____
<b>Contents (other than equipment)</b>	\$ _____	\$ _____	\$ _____
<b>Free Standing Signs</b>	\$ _____		
<b>Other Structures (Describe)</b> _____	<b>Mobile Equipment</b> (pit cleaner,backhoe) describe _____		
<b>Additional Interests:</b> _____ <b>Mortgagee</b> _____ <b>Loss Payee</b> _____ <b>Additional Insured</b>			
<b>Additional Interest name and address</b> (Street, City, State, Zip Code and County)			
_____			
_____			
_____			

Are premises protected by alarm system?  Yes  No Central \_\_\_\_\_ Local \_\_\_\_\_ Surveillance cameras?  Yes  No

Premises well lighted?  Yes  No Do exterior doors have double cylinder dead bolt locks?  Yes  No

Is there a safe on premises?  Yes  No Average cash kept overnight? \_\_\_\_\_ Frequency of deposits? \_\_\_\_\_

**Pick Up and Delivery** [Complete this section if the operation will provide this service]

Does this service include:  Autos  Individuals Radius of pick-up and delivery: \_\_\_\_\_

Driver Information [List employees whose duties include auto pickup and delivery] *PLEASE PRINT CLEARLY*

Employee Name	Title	Date of Birth	Driver's License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Lube & Oil Facility** [Complete this section if the operation will provide this service]

Have all employees attended a training program?  Yes  No Are customers allowed in the garage area?  Yes  No

Is all work double checked by a manager or another employee before vehicle is released to the customer?  Yes  No

Other comments which may indicate this risk is above average and/or demonstrate above average security measures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**ADDITIONAL INFORMATION OR REMARKS**

---

---

---

---

---

---

Application completed by: \_\_\_\_\_ If Agent/Broker, Name of Agency \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
*Insured's Signature*

\_\_\_\_\_  
*Insured's Title*

\_\_\_\_\_  
*Date*

*NOTICE OF INSURANCE INFORMATION PRACTICES – Personal information about you, including information from a credit report may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. ACORD 125 (2005/06)*

*This application does not bind the applicant, the company, or the agent to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.*