

Agent Name _____
and Address _____
Phone _____ Fax _____

Salvage Yard Supplemental Application

Proposed Effective Date _____
Applicant Name (Legal) _____ Applicant Name (DBA) _____
Web Address _____ Phone _____

Number of years experience _____
Number of years the business has been in this location _____
Number of years the applicant has owned this business _____ Check if New Venture
Hours of Operation From _____ To _____ Number of days business is open per week _____

Have you owned another business under a different name or entity? Yes No
If yes, please explain: _____

Do you own any other businesses or have any other locations? Yes No
If yes, please explain: _____

Is the salvage yard completely fenced on all four sides? Yes No
Describe fencing and security around salvage yard. Height, construction, gates etc. _____

Is the salvage yard completely separate from the rest of the insured's operations? Yes No
Explain: _____

Is there a dog on premises? Yes No
If Yes, type, breed. _____
If Yes, what are the precautions taken to keep dog away from customers? _____

Does the applicant allow customers in the yard? Yes No
If Yes:
Are customers always accompanied by an employee? Yes No
Are customers allowed to pull their own parts? Yes No

Does risk have storage of used tires at this location? Yes No
If Yes:
What is the total number of tires stored? _____
What is the average length of time the tires will remain at the risk's location? _____

If the insured is a used car dealer, are the cars that are being sold, rebuilt autos from the salvage yard? Yes No

If the insured is a repair shop, are the customer's cars kept in a separate area from the salvage yard? Yes No

Are vehicles stacked? Yes No

If yes, how high? _____

Is there a car crusher on premises? Yes No

If yes, does the insured crush cars for others? Yes No

Is there a crane on premises? Yes No

Is there a lift truck / yard truck on premises? Yes No

If Yes, to any of these, please describe: _____

Does applicant sell used parts and accessories without installing them? Yes No

Describe how waste oil, old batteries and tires are stored, handled and disposed: _____

Describe how building is heated _____

Describe any spray painting operations. Booth, Type, UL Approved? _____

Gross Receipts:

Auto Salvage Yard Operations, including part sales _____

Scrap metals salvage, not auto _____

Towing operations _____

Other _____

Payroll:

Estimated total annual payroll, not including owners _____

Number of owners, partners, corporate officers _____

Number of employees _____

Estimated payroll 1099 employee _____

Individuals (employees, volunteers and/or contractors) that work in conjunction with the salvage yard:

Name	DOB	DL Number	State	Lic. Type	FT/PT	Duties

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania 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.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____