

Property Information (continued)	C O N T E N T S	Business Personal Property:	\$ _____
Territory:		Electronic Data Processing Equipment and Software:	\$ _____
Protection Class:		Mobile Diagnostic Equipment:	\$ _____
Annual Increase Building (if other than 4%): <input type="checkbox"/> 2% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10%		Value of Gasoline:	\$ _____
Annual Increase Contents (if other than 4%): <input type="checkbox"/> 2% <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 10%		Other Business Personal Property:	\$ _____
Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Contents Coverage Amount:	\$ _____
Tenant Occupied: <input type="checkbox"/> Yes <input type="checkbox"/> No		Property Deductible (if other than \$500): <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ 10,000 <input type="checkbox"/> \$25,000	
Wind and Hail Deductible Percentage (where applicable): <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5% <input type="checkbox"/> Exclude Wind and Hail			

Building Cost Estimator (Complete only if Building coverage is desired.)

Ground Area (square footage) _____ Basement _____ % Number of Basement Levels _____
 No. of Floors (except basement) _____ Average Depth per Level (linear feet) _____ Crawlspace? _____% Grade Slab _____%

<i>Value</i>	<i>Value</i>
Permanently Installed Machinery and Equipment \$ _____	Cooking - Appliances \$ _____
Fire Suppression Equipment \$ _____ (ie. Ansul, Halon, excluding sprinkler systems, if any)	Dishwashing - Appliances \$ _____
Refrigeration - Appliances \$ _____	Laundering Equipment \$ _____
Ventilation Equipment \$ _____	

Package Coverages with Optional Higher Limits

Coverage	Optional Higher Limit	Coverage	Optional Higher Limit	Coverage	Optional Higher Limit
Accounts Receivable		Debris Removal		Money and Securities	
Back Up of Sewer and Drain (available on Premier only)		Employee Dishonesty		Outdoor Signs	
		Employee Tools		Outdoor Trees/Shrubs/Plants	
Business Income from Dependent Properties		Fire / Tenants Legal Liability		Personal Property Off Premises	
		Lock Replacement		Valuable Papers	

Optional Coverages

(Note: Optional Coverages available only if Premier is selected are denoted with an * (asterisk))

Coverage	Limit	Coverage	Limit	Coverage	Limit
Building Ordinance Cov B		Employee Benefits Liability		Outdoor Fences and Walls	
Building Ordinance Cov C		Employers Liability		Tenant Improvements/Betterments	
Earthquake		Glass Deductible Buy Back *		Utility Service Direct Damage *	
Earthquake Sprinkler Leakage		Mine Subsidence (where available)		Utility Services Time Element *	

Risk Characteristics

1. How many years has this business been in operation at this location?	
2. Is the original building(s) designed for the type of operations being conducted at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Indicate the type of alarm at this location: <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> UL with Certificate	
4. Indicate the number of service bays at this location.	
5. Indicate the number of lifts at this location.	
6. Are hazardous materials properly stored and disposed of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the applicant the sole occupant of the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Indicate the wiring year at this location.	
9. Indicate the roofing year at this location.	
10. Does the applicant have other commercial lines policies insured with Farmers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Prior Claims and General Underwriting Information					
(Complete the following only if policy is to be issued. Explain any YES answers in Remarks.)					
Policy Period	Carrier Name	Premium	Number of Claims	Total Losses Paid	Reserves
Past 12 months:					
13-24 months:					
25-36 months:					
1. Does the risk meet all eligibility requirements as outlined in the Auto Service and Repair BOP Business Guide?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. During the past three years, has any coverage been cancelled, non-renewed, declined or placed in Surplus Lines?					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the agent personally inspect all locations of this risk?					<input type="checkbox"/> Yes <input type="checkbox"/> No
3A. If YES, what is the number of photos for reimbursement?					
4. What is the loss control contact name?		Phone Number:			
Location Level Underwriting Information					
5. Does the applicant act as a rental agency for cars, trucks, trailers, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the insured involved with treating, discharging, applying or delivering hazardous or toxic materials?					<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are all spray booths UL listed and conform to current fire codes? (If not applicable, select Yes)					<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are there any guard dogs or other security hazards at this location?					<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Total Annual Receipts at this location.					
10. Indicate the age of the plumbing.					years
11. Indicate the age of the heating.					years
12. Indicate the roof type: <input type="checkbox"/> Shake <input type="checkbox"/> Composite <input type="checkbox"/> Tile <input type="checkbox"/> Other					
13. Indicate the distance from the coastline (AL, TX and VA only).					miles
Remarks (Please include the question number):					
Earthquake Information					
(Answer only if Earthquake coverage is desired)					
14A. Are there any signs of pre-existing damage?					<input type="checkbox"/> Yes <input type="checkbox"/> No
14B. Is the risk located on a hillside?					<input type="checkbox"/> Yes <input type="checkbox"/> No
14C. Does the risk have a soft first floor (above ground parking under all or part of the structure) or other design feature which would contribute to collapse?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Earthquake Remarks:					
Notice of Insurance Information Practices					
Personal information about you may be collected from persons other than you. 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. 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 for instruction on how to submit a request to us.					
Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. Not applicable in Nebraska or Virginia. Virginia - It is a crime to provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.					
Notice of Responsibility for Adequate Coverage and Limits					
Note: The above are only estimated minimum values based upon the information provided to us by you and third parties. You are responsible for determining the appropriate Building and/or Business Personal Property coverage limits. Please also note that this estimate does not replace or supersede any term or condition of your policy. It also does not replace any required current professional appraisals or use of other estimating methods					
Applicant's Signature:		Date:	Producer's Signature:		Date:

Automotive Service and Repair BOP Supplemental Application - Additional Locations

(Attach a separate page for each additional location)

Location Information LOC _____					
Location Address:					
City:		State:		Zip:	
Garage Liability Limit: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000		Garage Liability Deductible (if other than \$100): <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> No Ded.			
Garage Medical Payments: <input type="checkbox"/> Automobile only <input type="checkbox"/> Premises only <input type="checkbox"/> Automobile and Premises		Garage Medical Payments Limits: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000			
Garage Territory:		Garage Payroll:		Number of Employees:	
Broad Form Products: <input type="checkbox"/> Yes <input type="checkbox"/> No		Active Proprietors/Officers:		Active Proprietors/Officers:	
Owners of Garage Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No		Clerical:		Clerical:	
Garagekeepers Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other than Clerical:		Other than Clerical:	
Garagekeepers Limit: _____		Total Payroll:		Total Payroll:	
Number of Autos: _____		Comprehensive Deductible per Auto: <input type="checkbox"/> \$250 / \$1,000 <input type="checkbox"/> \$500 / \$1,000 <input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$1,000 / \$2,500 <input type="checkbox"/> \$1,000 / \$5,000		Collision Deductible per Auto: <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	
Property Information					
Year Built:		B U I L D I N G	Building: \$ _____		
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non Combustible <input type="checkbox"/> Masonry Non Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive			Canopy: \$ _____		
			Permanently Installed Equipment: \$ _____		
			Pumping Stations: \$ _____		
		Other Misc. Building: \$ _____			
		Total Building Coverage Amount: \$ _____			
Territory:		C O N T E N T S	Business Personal Property: \$ _____		
Protection Class:			Electronic Data Processing Equipment and Software: \$ _____		
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Ground Area (square footage) _____		Basement _____ %		Number of Basement Levels _____	
No. of Floors (except basement) _____		Average Depth per Level (linear feet) _____		Crawlspace? _____ % Grade Slab _____ %	
			<i>Value</i>		
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15. Indicate the age of the plumbing.			years
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18. Indicate the distance from the coastline (AL, TX and VA only).			miles
Remarks (Please include the question number):			
Earthquake Information (Answer only if Earthquake coverage is desired)			
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19C. Does the risk have a soft first floor (above ground parking under all or part of the structure) or other design feature which would contribute to collapse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Earthquake Remarks:			
Notice of Insurance Information Practices			
Personal information about you may be collected from persons other than you. 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. 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 for instruction on how to submit a request to us.			
Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. Not applicable in Nebraska or Virginia. Virginia - It is a crime to provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.			
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Applicant's Signature:	Date:	Producer's Signature:	Date: