Automotive Service and Repair BOP Application



☐ Quote ☐ Submit for Approval	□ Ne	w Business	☐ Change	Policy Num	ımber:			
Effective Date:	Expira	tion Date:						
Prematic/EasyPay Number:	Quote Number:							
Insured Name:	Agent Num	nber:						
Business Name / DBA:	Agent Name:							
Mailing Address:								
City:	State:	7	Zip:	Phone Number:				
e-mail Address:				Website:	Website:			
Business Entity: Individual Par	tnership	☐ Corp	ooration Other:					
Predominant Business Type: □ General Repair (complete Box 1) □ Paint and Body Shop (complete I □ Lube and Oil Change □ Smog Check / Diagnostic □ Auto Glass Repair □ Tire Sales /Installation □ Car Wash (complete Box 3)			Box 1 General Repair Type Transmission Radiator Exhaust Brakes Air Conditioning Diesel General Repair	☐ Paint a	l Body Type: and Body Shop only	Box 3 Car Wash Type: Full Service Self Service Full and Self Service		
Franchise Name: Packa	ge 🗌 Pre	emier 🗆 Pri	mary Federal Employee	e Identification	Number (or SS	N):		
Will vehicle coverage be included on this p	olicy?					☐ Yes ☐ No		
Hired / Borrowed Car Coverage?						☐ Yes ☐ No		
Location Information								
Location Address:						7.		
City:	\		St	ate:		Zip:		
Garage Coverages (Mandatory on all pol		\$2,000,000	Carago Lighility Dody	actible (if other	than \$100). \(\tag{\$5}	500 □ \$1 000 □ No Dod		
Garage Liability Limit: □ \$500,000 □ \$1,000,000 □ \$2,000,000 Garage Liability Deductible (if other than \$100): □ \$500 Garage Medical Payments: □ Garage Medical Payments Limits: □ Automobile only □ Premises only □ Automobile and Premises □ \$500 □ \$1,000 □ \$2,000 □ \$5,000						900 🗆 \$1,000 🗀 No Ded.		
Garage Territory:	Garag	ge Payroll:		Number of Employees:				
Broad Form Products: ☐ Yes ☐ No	Active	Proprietor	s/Officers:		Active Proprietors/Officers:			
Owners of Garage Premises: Yes No	Cleric	cal:			Clerical:			
Garagekeepers Liability: ☐ Yes ☐ No	Other	than Cleri	cal:		Other than C	Clerical:		
Garagekeepers Limit:		Payroll:			Total Payroll:			
Number of Autos:	_		Deductible per Auto: ☐ \$500 / \$1,000 ☐ \$5	500 / \$2,500		ductible per Auto:		
Property Information		000 / \$2,500		\$100	□ \$ 250 □ \$500			
Year Built: Construction: Frame Joisted Masonry Non Combustible Masonry Non Combus Modified Fire Resistive Fire Resistive		Canopy Perman Pumpin Other M			\$ \$ \$			

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Property Information (cont	inued)	С	Rusiness Personal	Droperty	¢					
Territory:			O Electronic Data Processing Equipment and Software: \$							
Protection Class:		Т	Mobile Diagnostic Equipment: \$							
Annual Increase Building (if other than 4%):			Value of Gasoline: \$ Other Business Personal Property: \$							
□ 2% □ 6% □	3 8% □ 1	0% T	T Total Contents Coverage Amount: \$							
Annual Increase Contents	(if other than 4	S Pro	pperty Deductible (if other than \$5	00).					
□ 2% □ 6% □	8% 🗆 1	U%0			\$5,000 \square \\$ 10,000 \square \\$25,0	00				
Sprinklered: ☐ Yes ☐	□ No		Wind and Hail Deductible Percentage (where applicable):							
Tenant Occupied:	□No		1% 🗆 2% 🗆							
Building Cost Estimator (Complete only	if Building	coverage is desired.)						
Ground Area (square foota	ge)	Ba	Basement % Number of Basement Levels							
No. of Floors (excpet basen	nent)	Average De		r feet)	Crawlspace?% Grade					
Permanently Installed Mach	ninery and Faui	inment \$	Value	Coc	oking - Appliances \$	Value				
Fire Suppression Equipmen	_	-								
(ie. Ansul, Halon, excluding sprink					7					
Refrigeration - Appliances			\$ Laundering Equipment							
Ventilation Equipment		\$_		-						
Package Coverages with C	Optional Higher	Limits								
Coverage	Optional Higher Limit	1	Coverage		Coverage		Optional Higher Limit			
Accounts Receivable		Debris Re	Debris Removal		Money and Securities					
		Employee	Dishonesty		Outdoor Signs					
		Employee	Tools		Outdoor Trees/Shrubs/Plants					
Business Income from		Fire / Tena	ants Legal Liability		Personal Property Off Premises	,				
Dependent Properties		Lock Rep	acement		Valuable Papers					
Optional Coverages (Note: Optional Coverages av	ailable only if Pro	emier is selec	eted are denoted with	an * (asterisk))						
Coverage	Limit	C	loverage	Limit	Coverage	Li	mit			
Building Ordinance Cov B		Employee	Benefits Liability		Outdoor Fences and Walls					
Building Ordinance Cov C		Employers	Liability		Tenant Improvements/Betterments	3				
Earthquake		Glass Ded	uctible Buy Back *		Utility Service Direct Damage *					
Earthquake Sprinkler Leakage		Mine Subsi	dence (where available)		Utility Services Time Element *					
Risk Characteristics										
1. How many years has th	nis business bee	n in operati	on at this location?							
2. Is the original building					s location?	☐ Yes	□No			
3. Indicate the type of ala	rm at this locat	ion: 🗆 N	one 🗆 Local	☐ Central Stat	ion 🗆 UL with Certificate					
4. Indicate the number of	service bays at	this location	on.							
5. Indicate the number of	lifts at this loc	ation.								
6. Are hazardous materials properly stored and disposed of?						☐ Yes	□No			
7. Is the applicant the sole occupant of the building?						☐ Yes	□No			
8. Indicate the wiring year	r at this location	n.								
9. Indicate the roofing year	ar at this location	on.								
10. Does the applicant ha	ve other comm	ercial lines	policies insured wit	h Farmers?		☐ Yes	□No			

Prior Claims and G (Complete the follow	eneral Underwriting Information only if policy is to be issued	ution l. Explain any	YES ans	wers in Ren	narks.)				
Policy Period	Carrier Name		Pren	nium	Number of Claims	Total Losses Pai	d Reso	erves	
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?									
2. During the past three years, has any coverage been cancelled, non-renewed, declined or placed in Surplus Lines?									
3. Did the agent personally inspect all locations of this risk?									
3A. If YES, what is the number of photos for reimbursement?									
4. What is the loss control contact name? Phone Number:									
Location Level Und	lerwriting Information								
	cant act as a rental agency for						☐ Yes	□ No	
	nvolved with treating, discha					erials?	☐ Yes	□ No	
* '	ooths UL listed and conform				pplicable, select Yes)		☐ Yes	□ No	
	guard dogs or other security h	azards at this	locatio	n?			☐ Yes	□ No	
	Leceipts at this location.								
	ge of the plumbing.							years	
11. Indicate the a	<u> </u>	П.С.			:1-			years	
12. Indicate the re	listance from the coastline (A	☐ Com			ile 🗆 Other			miles	
	clude the question number):	L, 1 A and VI	A Offiy).					IIIIes	
Earthquake Inform (Answer only if Eart	1 011011 hquake coverage is desired)								
14A. Are there any signs of pre-existing damage?								□No	
14B. Is the risk located on a hillside?								□ 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?								□No	
Earthquake Remarks	5:								
-									
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:									
		24.0.							

Automotive Service and Repair BOP Supplemental Application - Additional Locations (Attach a separate page for each additional location)

Location Information LOC									
Location Address:									
City:	State: Zi			Zip:					
Garage Liability Limit: ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000				Garage Liability Deductible (if other than \$100): □ \$500 □ \$1,000 □ No Ded.					
Garage Medical Payments: ☐ Automobile only ☐ Premises only ☐ Automobile and Premises				Garage Medical Payments Limits: □ \$500 □ \$1,000 □ \$2,000 □ \$5,000					
Garage Territory:	G	arage	Payroll:			Numb	mber of Employees:		
Broad Form Products:			Proprietors/Offic				ve Proprietors/Officers:		
Owners of Garage Premises: Yes	□ No C	lerical	:	Cler			rical:		
Garagekeepers Liability:	J No O	ther t	han Clerical:	Oth			ner than Clerical:		
Garagekeepers Limit:	Т	otal Pa	ıyroll:	Tota			Payroll:		
Number of Autos:		ompre	ehensive Deduct	ble per Auto:		Collision Deductible per Auto:			
				0 / \$1,000 🗆 \$500 / \$2,500			_	□ \$500	
Property Information		\$1,00	0 / \$2,500	□ \$1,000 / \$5	,000				
Year Built: Construction: ☐ Frame ☐ Joisted Masonry ☐ Non Combustible ☐ Masonry Non Combustible ☐ Modified Fire Resistive ☐ Fire Resistive			Pumping Station Other Misc. B			\$ \$ \$			
Territory:	Business Person								
Protection Class:		Electronic Data Processing Equipment and Software: \$							
Annual Increase Building (if other than 4%): □ 2% □ 6% □ 8% □ 10%			Mobile Diagnostic Equipment: \$						
Annual Increase Contents (if other than 4%): 2%			: T Total Contents Coverage Amounts						
Sprinklered:		Wi	ind and Hail De	ductible Percent	tage (where ap	plicable):			
Tenant Occupied: ☐ Yes ☐ No			1% 🗆 2%	□ 5% □ Ex	clude Wind	and Ha	ail		
Building Cost Estimator (Complete	only if Bu	ilding	coverage is desir	ed.)					
Ground Area (square footage)		B	asement	%	Numb	er of Bas	sement Levels		
No. of Floors (excpet basement)	Avera	ge De	epth per Level (li	near feet)	Crawls	pace?	% Grade	Slab%	
D	E:	-	Value		⊃ - 1-: A	1:	ф	Value	
Permanently Installed Machinery and Fire Suppression Equipment									
(ie. Ansul, Halon, excluding sprinkler systems,	if any)	φ_			Distiwasiiiig	g - Appii	iances φ		
Refrigeration - Appliances	Laundering Equipment \$								
Ventilation Equipment		\$_							
Optional Coverages (Note: Optional Coverages available only	y if Premier	is sele	cted are denoted w	rith an * (asterisk)))				
Coverage Limit	t	(Coverage	Limit		Cover	rage	Limit	
Building Ordinance Cov B	Emp	oloyee	Benefits Liabilit	у	Outdoo	Outdoor Fences and Walls			
Building Ordinance Cov C	Emp	oloyers	s Liability		Tenant I	Tenant Improvements/Betterments			
Earthquake	Glas	ss Dec	luctible Buy Bac	k *	Utility S	Utility Service Direct Damage *			
Earthquake Sprinkler Leakage	Mine	- Subsi	dence (where availa	ble)	Utility S	Services [Γime 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?	☐ Yes	□No					
3. Indicate the type of alarm at this location: None Local Central Station 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?	☐ Yes	□ No					
7. Is the applicant the sole occupant of the building?8. Indicate the wiring year at this location.	☐ Yes	□ No					
9. Indicate the roofing year at this location.							
Location Level Underwriting Information							
10. Does the applicant act as a rental agency for cars, trucks, trailers, etc.?	☐ Yes	□ No					
11. Is the insured involved with treating, discharging, applying or delivering hazardous or toxic materials?	☐ Yes	□ No					
12. Are all spray booths UL listed and conform to current fire codes? (If not applicable, select Yes)	☐ Yes	□ No					
13. Are there any guard dogs or other security hazards at this location?	☐ Yes	□ No					
14. Total Annual Receipts at this location.							
15. Indicate the age of the plumbing.		years					
16. Indicate the age of the heating.		years					
17. Indicate the roof type: ☐ Shake ☐ Composite ☐ Tile ☐ Other							
18. Indicate the distance from the coastline (AL, TX and VA only). Remarks (Please include the question number):		miles					
Earthquake Information (Answer only if Earthquake coverage is desired)							
19A. Are there any signs of pre-existing damage?	☐ Yes	□ No					
19B. Is the risk located on a hillside?	☐ Yes	□ No					
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?	☐ Yes	□ 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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