



**WESTERN CARWASH INSURANCE AGENCY
PROPERTY & LIABILITY INSURANCE APPLICATION FORM**

Named Insured _____
(The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.)

Mailing Address _____
Street City County State Zip Code

Contact Name _____ Title _____ Phone # () _____

Effective Date Desired _____ Term Desired _____ Fax # () _____

Are you a member of the Western Carwash Association? Yes No If yes, Membership # _____

Years in Business _____ Years of Experience _____

| INSURANCE CARRIER(S) AND LOSS HISTORY FOR THE PRIOR THREE YEARS (Must complete entire section.) | | | | | |
|---|-------------------------------|----------|--------|--------|---|
| Year | Carrier/Policy Number/Premium | Coverage | Losses | Amount | Description of Losses (Including losses not covered by insurance) |
| | | | | | |
| | | | | | |
| | | | | | |

Has insurance of this type been canceled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If so, give name of company, date, and reason.

Individual Partnership Corporation Joint Venture Other

Mortgagee/Loss Payee: Location # _____ Name _____

Location: 1 of _____
Street City County State Zip Code

_____ Street City County State Zip Code

Number of Employees: Full Time _____ Part Time _____

COVERAGES - Property (Car wash equipment must be separately listed)

| Loc. # | Bldg. # | Coverage | Limit of Insurance | Valuation (ACV, RC, Agreed) | Co-Insurance | Construction | Protection Class | Sprinklered Y of N |
|--------|---------|----------|--------------------|-----------------------------|--------------|--------------|------------------|--------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

PROPERTY

| Loc. # | Bldg. # | # of Stories | Occupancy | Spkl. | Year Built | Age Roof | Age of Electric | Age of Plumbing | Age of Heat | Square Footage |
|--------|---------|--------------|-----------|---|------------|----------|-----------------|-----------------|-------------|----------------|
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | |

- Have you or anyone with a financial interest in the property been convicted of arson, fraud or other crime related to loss of property owned now or during the past five years? No Yes
- How close is the nearest fire department? _____ Paid Volunteer
- Are there any fire hydrants within 200 feet of the buildings? No Yes
- Age of car wash equipment _____
- Regular scheduled maintenance? By whom _____ No Yes

General Liability

- 1. Do you use independent contractors? Yes No If yes, for what? _____
 Are certificates of insurance obtained? Yes No Minimum Liability Limits required: \$ _____
 Do you require a hold harmless? Yes No Are you added as an additional insured? Yes No
- 2. Attach copies of all hold harmless agreements and contracts.
- 3. Are vehicles ever picked-up and delivered to customer's home or place of business? Yes No
 If yes: a. How many days per month? _____
 b. How many vehicles per time? _____
 c. What is the distance traveled one way? _____
 d. List the names of the employees who drive these vehicles:

- e. Are non-employees allowed to drive these vehicles? Yes No
 If yes, list names:

- 4. Are MVRs ordered on all attendants whom operate customer's vehicles? Yes No

| Drivers Name | Date of Birth | State | License Number |
|--------------|---------------|-------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Attach separate sheet if necessary

- 5. Do designated drivers wear special clothing to clearly distinguish them from non-drivers? Yes No
- 6. Please indicate how wastewater is disposed of: _____
- 7. Do you repair autos, recap tires or perform salvage operations? Yes No

CRIME

- 1. Average cash on premises at peak season during: Business Hours _____ Overnight _____
- 2. Who has access to cash registers and safes? _____
- 3. Who has check writing authority, and is a countersignature required? _____
- 4. Are pre-employment criminal background checks conducted on employees? Yes No
- 5. How many individuals work with accounts payable? _____

GENERAL INFORMATION

- 1. List key management personnel (names, ages, job description, length of employment, % of ownership.)

- 2. Manager or Assistant on duty always: Yes No

- 3. Please indicate receipts:

| | | | | | | | |
|------------------|----------|----------|----------|-------------------|----------|-------------|----------|
| Car Wash | \$ _____ | Liquor | \$ _____ | Convenience Store | \$ _____ | Misc. Sales | \$ _____ |
| Gasoline Gallons | _____ | Oil/Lube | \$ _____ | Detailing | \$ _____ | Other | \$ _____ |
| LPG | \$ _____ | Deli | \$ _____ | Gift Shop | \$ _____ | Other | \$ _____ |

Business Description

Please indicate which of the following comprise your operation:

- Self-Service Car Wash* Are bay floors heated? Yes No
 - Wand Type 1. Number of Bays _____ 2. Are wands equipped with trigger? Yes No
 - Automatic 1. Number of Bays _____ 2. Type: Brushes Cloth Touchless
- Full Service/Exterior Conveyor*
 - 1. Type of Service: Exterior only Interior and Exterior
 - 2. Number of Bays _____ Type: Brushes Cloth Touchless
 - 3. Optional Services: Detail Lube & Oil Other _____

Gasoline Services

1. Type of Service: Full Service Self Service
2. Size of Operation: Number of islands _____ Number of pumps _____ Number of hoses _____
3. Do all pumps have automatic shutoffs? Yes No
4. Are crash rails/guards in place in front of all pumps? Yes No
5. Number of Underground Storage Tanks on Premises: _____ Date installed _____
 Is the business owned or leased from a major oil company? Yes No
 If yes, please indicate the name of the oil company? _____
 Pollution Carrier _____ Policy Number _____ Effective Date _____ Limits _____

Coverage Extensions

Coverage extensions are provided free of charge at the limits indicated, higher optional limits may be purchased for an additional charge.

| | Limit of Insurance | Amended Limit | | Limit of Insurance | Amended Limit |
|----------------------------------|-----------------------|------------------|--------------------------------------|-----------------------|------------------|
| Accounts Receivable | \$50,000 | _____ | Loss Settlement Expense | \$10,000 | _____ |
| Animal Damage | \$5,000 | _____ | Mobile Phones | \$5,000 | _____ |
| Asbestos Clean-Up and Removal | \$10,000 | _____ | Money & Securities - Inside Premises | \$10,000 | _____ |
| Automatic Fire System Recharge | \$10,000 | _____ | - Outside Premises | \$5,000 | _____ |
| Business Computer - Equipment | \$25,000 | _____ | Money Orders/Counterfeit Currency | \$1,000 | _____ |
| - Media & Records | \$15,000 | _____ | Newly Acquired - Building | \$1,000,000 | _____ |
| - Extra Expense | \$10,000 | _____ | - Business Personal Property | \$1,000,000 | _____ |
| Business Income & Extra Expense | \$100,000 | _____ | Off Premises - Utility Failure | \$25,000 | _____ |
| Consequential Loss | \$10,000 | _____ | Ordinance or Law | \$100,000 | _____ |
| Debris Removal | \$25,000 | _____ | Outdoor Property | \$15,000 | _____ |
| Employee Dishonesty | \$25,000 | _____ | Personal Effects | \$10,000 | _____ |
| Fences & Outside Lighting | \$5,000 | _____ | Personal Property Off Premises | \$15,000 | _____ |
| Fine Arts | \$5,000 | _____ | Property In Transit | \$15,000 | _____ |
| Fire Department Service Charge | \$25,000 | _____ | Property Mailed or Shipped | \$5,000 | _____ |
| Fire Extinguisher Recharge | \$2,500 | _____ | Pollution Clean Up and Removal | \$25,000 | _____ |
| Forgery and Alteration | \$2,500 | _____ | Reward | \$10,000 | _____ |
| Foundations & Underground Piping | \$250,000 | _____ | Sewer Back-Up | \$25,000 | _____ |
| Installation Floater | \$10,000 | _____ | Spoilage Coverage | \$25,000 | _____ |
| Key Replacement/Lock Repair | \$2,500 | _____ | Tools | \$5,000 | _____ |
| Lead Clean-Up and Removal | \$10,000 | _____ | Valuable Papers and Records | \$50,000 | _____ |

General Liability Coverage

| | | | | | |
|--|-------|-------------------------|------------------------|-------------------|---|
| General Aggregate | _____ | | | | |
| Each Occurrence | _____ | | | | |
| Damage to Premises Rented to You | _____ | | | | |
| Medical Payments | _____ | | | | |
| | | Occurrence Limit | Aggregate Limit | Deductible | |
| Employee Benefits Liability | _____ | _____ | _____ | \$1,000 | |
| Hired and Non-owned Auto Liability | _____ | _____ | _____ | _____ | |
| Employment Practices Liability | _____ | _____ | _____ | _____ | |
| | | Limit | Collision Ded. | Comp. Ded. | (For limits in excess of \$100,000 - You must complete an EPL Supplemental Application) |
| Garagekeeper Legal Liability (Primary Basis) | _____ | _____ | _____ | _____ | |
| Additional Insured _____ | | | | | |

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As a part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Agent or Broker

Signature of Proposed Insured

Street Address

Date

City, State, Zip Code