

MUSIC Auto Dismantling & Salvage Yard
Supplemental Application



-
1. Agency Code: Agency:
 2. Phone: Fax: Web site:
 3. E-Mail Address:
 4. Number of years in Business: Number of years experience if New Venture:
 5. Business Name (dba):
 6. Physical Address: City: State: Zip:
 7. Contact Person: Phone: Fax:

Business Information:

8. Please provide total gross revenue:
 - For the Last 12 months: \$
 - Projected for the next 12 months: \$
9. Please breakdown projected gross revenues as follows:
 - Auto Salvage Yard Operations, including parts sales: \$
 - Scrap metals salvage, not auto: \$
 - Towing operations: \$
 - Auto Repair: \$
 - Auto sales, entire autos: \$
 - Other operations: \$
10. Please provide total payroll excluding the owners, partners, and/or corporate officers:
 - For the Last 12 months: \$
 - Projected for the next 12 months: \$
11. Number of owners, partners, corporate officers:
12. Number of employees: Part time: Full time:
13. Please describe fencing around salvage yard (i.e., height, construction, gates, etc.):
14. Please describe all other premises security:
 - Guard Dogs? Yes No type:
 - Warning, No trespass signs? Yes No
 - Security Lighting? Yes No
 - Additional Comments:
15. Does applicant operate:
 - Crushers or compactors Yes No

MUSIC Auto Dismantling & Salvage Yard
Supplemental Application



- Cranes Yes No
- Lift Trucks Yes No
- Sale of Salvaged or Used Autos Yes No if yes, describe:
- Yard Trucks Yes No

16. Does applicant handle or distribute LPG, or other compressed gasses? Yes No If yes, please describe:

Business Information:

- 17. Does applicant stack autos in yard? Yes No If yes, please describe:
- 18. Are customers allowed in yard? Yes No
- 19. Are customers allowed to remove parts ("Pull Your Own Parts"? Yes No
- 20. Do employees accompany customers in yard at all times? Yes No
- 21. Does applicant treat or repair any salvaged parts prior to re-sale? Yes No If yes, please describe:
- 22. Describe how waste oil, old batteries, and tires are stored and handled:
- 23. Does applicant test incoming materials/loads for radioactivity? Yes No If yes, please describe method used:
- 24. Is the yard fully fenced? Yes No If no, give details:
- 24. Please describe on-site fire protection:
- 25. Have fire extinguishers been serviced & tagged within the past year? Yes No
- 26. Describe general appearance of operations (i.e., are floors kept free from oil and grease, are aisles and part racks neat and orderly):
Please describe experience of insured and employees:
- 27. Please attach a diagram of the premises including approximate dimensions, locations of buildings and neighboring property.
- 28. Please attach photos of buildings.

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I understand that this is an application for insurance only and that the completion and submission of this application does not bind coverage with any insurance company.

Signature _____ Date _____

Print Name _____ Title _____

**PRIOR TO COVERAGE BEING BOUND
APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED AND ORDER INSPECTION AFTER BINDING.**