

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

**AUTO SERVICE RISKS GENERAL LIABILITY APPLICATION**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**A. GENERAL INFORMATION:**

**1. Indicate operations applicable to applicant:**

- |   |   |
|---|---|
| <input type="checkbox"/> Automobile Parts & Supplies Store  | <input type="checkbox"/> Gasoline Station—full service—with service/repair shop                             |
| <input type="checkbox"/> Automobile Quick Lubrication Services  | <input type="checkbox"/> Gasoline Station—self and full service combined—with service/repair shop           |
| <input type="checkbox"/> Automobile Repair or Service Shop  | <input type="checkbox"/> Gasoline Station—self-service—without convenience store and no service/repair shop |
| <input type="checkbox"/> Automobile Storage   | <input type="checkbox"/> Mobile Repair/Detailing  |
| <input type="checkbox"/> Car Wash—other than self-service   | <input type="checkbox"/> Parking—public—not open air  |
| <input type="checkbox"/> Car Wash—self-service  | <input type="checkbox"/> Parking—public—open air  |
| <input type="checkbox"/> Convenience Store/Gasoline Station—full service—with service/repair shop   | <input type="checkbox"/> Roadside Assistance  |
| <input type="checkbox"/> Convenience Store/Gasoline Station—self and full service combined—with service/repair shop                               | <input type="checkbox"/> Tire Dealer  |
| <input type="checkbox"/> Convenience Store/Gasoline Station—self-service—without service/repair shop (refer to Grocery/Convenience Store Program) | <input type="checkbox"/> Other (describe): _____  |
|   | _____   |
|   | _____   |

2. **Number of years in business:** \_\_\_\_\_ **Number of years at this location:** \_\_\_\_\_
3. **Does applicant have any vehicle dealer operations?** .....  Yes  No
4. **Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_
5. **Any other insurance with this company or being submitted?** .....  Yes  No  
If yes, list name[s] and/or policy number[s]: \_\_\_\_\_
6. **During the past three years, has any company canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not Applicable in Missouri)** .....  Yes  No  
If yes, explain: \_\_\_\_\_
7. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
If yes, explain: \_\_\_\_\_

8. **Additional Insured Information:**

Name	Address	Interest

9. **Prior Carrier Information:**

	Year:	Year:	Year:
Carrier			
Policy Number			
Coverage			
Total Premium	\$	\$	\$

10. **Loss History:**

**Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.** .....  Check if no losses in the last three years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**B. OPTIONAL MARKET SEGMENTS ENDORSEMENTS**

1. Is MS AS 01 (or state equivalent)—Auto Service Risks (Property Coverage extensions) coverage selected? .....  Yes  No

2. Increased Limits for Optional Auto Services Endorsement MS AS 01 (or state equivalent):

Premises No.:	Building No.:	Limit of Insurance	Increased Limits Available
1.	Fire Department Service Charge	\$	(\$7,500 or \$10,000 limits)
2.	Money and Securities	\$	(maximum limit \$10,000)
3.	Outdoor Signs	\$	(maximum limit \$250,000)
4.	Valuable Papers and Records	\$	(maximum limit \$250,000)
5.	Employee Tools	\$	(\$5,000, \$7,500 or \$10,000 limits)
6.	Accounts Receivable	\$	(maximum limit \$250,000)

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6.	Accounts Receivable	\$	(maximum limit \$250,000)

3. Loss or Damage to Customers' Autos:

<b>Select Coverage Requested:</b>		
<input type="checkbox"/> MS AS 02—Direct primary coverage for loss or damage to customers' autos.		
<input type="checkbox"/> MS AS 03—Legal liability coverage for loss or damage to customers' autos.		
<input type="checkbox"/> MS AS 04—Direct primary coverage for loss or damage to customers' autos and other customers' property.		
<b>Requested Limits and Deductibles</b>	<b>Loc. 1</b>	<b>Loc. 2</b>
Enter the Limit for Each Location (maximum value of all autos in your C.C.C.)	\$	\$
Maximum number of vehicles in your C.C.C.		
Other than Collision deductible per each customer's auto	\$	\$
Other than Collision maximum deductible per any one event	\$	\$
Other than Collision deductible per each customer's auto with no maximum per event. (ten percent (10%) rates credit available)	\$	\$
Collision deductible per each customer's auto	\$	\$

4. MS AS 05—Loss or Damage to Lessors' Property:

	Loc. 1	Loc. 2
Description of Premises		
Description of Leased Property		
Name of Lessor		
Limit of Insurance per Occurrence (maximum limit \$100,000)	\$	\$

**5. MS AS 06 (or state equivalent)—Hired Auto and Non-Owned Auto Liability:**

Coverage		Per Occurrence—Limit of Insurance (maximum per occurrence limit \$1,000,000)
Hired Auto Liability	Cost of Hire: \$	\$
Non-Owned Auto Liability	No. of Employees:	\$

**C. PROPERTY SECTION**

1. Equipment Breakdown Coverage requested? .....  Yes  No
2. Premises information:

<b>Location No.:</b>	<b>Building No.:</b>	<b>Interest:</b>			
<b>Address:</b>					
<b>Coverage</b>	<b>Amount Requested</b>	<b>Coins. %</b>	<b>ACV/Repl. Cost</b>	<b>Cause of Loss</b>	<b>Deductible</b>
<b>Building</b>	\$	%	\$		\$
<b>Business Personal Property</b>	\$	%	\$		\$
<b>Business Income</b>	\$	%	N/A		N/A
<b>Other</b>	\$	%	\$		\$

- Mortgagee or loss payee: \_\_\_\_\_
- Construction type: \_\_\_\_\_
- Protection class: \_\_\_\_\_
- Number of stories: \_\_\_\_\_
- Sprinkler system? .....  Yes  No
- Operable smoke detectors? .....  Yes  No
- Is structure enclosed? .....  Yes  No
- Spray painting operations? .....  Yes  No
- If yes, is spray paint booth UL approved? .....  Yes  No
- Are flammables stored in separate, well ventilated fire divisions away from ignition sources in accordance with state specific guidelines? .....  Yes  No
- Burglar alarm type: .....  Local  Central Station
- Fire alarm type: .....  Local  Central Station
- Total square foot area: \_\_\_\_\_
- Year built: \_\_\_\_\_
- Building remodeling (include year):  
 Wiring? .....  Yes  No Year: \_\_\_\_\_  
 Heating? .....  Yes  No Year: \_\_\_\_\_  
 Plumbing? .....  Yes  No Year: \_\_\_\_\_  
 Roof? .....  Yes  No Year: \_\_\_\_\_

<b>Location No.:</b>	<b>Building No.:</b>	<b>Interest:</b>			
<b>Address:</b>					
<b>Coverage</b>	<b>Amount Requested</b>	<b>Coins. %</b>	<b>ACV/Repl. Cost</b>	<b>Cause of Loss</b>	<b>Deductible</b>
<b>Building</b>	\$	%	\$		\$
<b>Business Personal Property</b>	\$	%	\$		\$
<b>Business Income</b>	\$	%	N/A		N/A
<b>Other</b>	\$	%	\$		\$

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- Total square foot area: \_\_\_\_\_
- Year built: \_\_\_\_\_
- Building remodeling (include year):  
 Wiring? .....  Yes  No Year: \_\_\_\_\_  
 Heating? .....  Yes  No Year: \_\_\_\_\_  
 Plumbing?.....  Yes  No Year: \_\_\_\_\_  
 Roof?.....  Yes  No Year: \_\_\_\_\_

**D. GENERAL LIABILITY SECTION**

**1. Limits Of Liability & Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expenses (any one person)	\$
Deductible	\$

**2. Schedule of Hazards:**

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other (identify)

- 3. Does applicant have any owned commercial vehicles? .....  Yes  No
- 4. Does applicant subcontract work to others? .....  Yes  No  
 If yes, advise total cost and details: \_\_\_\_\_
- 5. Does applicant store oil, gasoline or other petroleum products?.....  Yes  No  
 If yes, explain: \_\_\_\_\_

6. Does applicant rent or loan autos to customers while their autos are left for service or repair?.....  Yes  No  
 If yes, explain: \_\_\_\_\_
7. Does applicant pick up or deliver automobiles?.....  Yes  No  
 If yes, indicate radius in miles: 50 mi \_\_\_\_\_% 50-200 \_\_\_\_\_% over 200 \_\_\_\_\_%
8. Are any automobiles consigned?.....  Yes  No
9. Where are keys to customers' autos kept:  
 At night? \_\_\_\_\_  
 During business hours? \_\_\_\_\_
10. Where are customers' autos kept at night?  Inside \_\_\_\_\_%  Outside \_\_\_\_\_%
11. If autos are kept outside, is lot protected on all sides by fence, chain, cable or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock? .....  Yes  No  
 If no, explain: \_\_\_\_\_
12. Is the parking area lighted at night?.....  Yes  No
13. Are there any dogs on the premises? .....  Yes  No
14. Does applicant employ a guard while business is closed?.....  Yes  No
15. Advise if applicant has the following operations:
- Airbag installation, servicing or repair?.....  Yes  No  
 If yes, advise percentage of gross receipts: \_\_\_\_\_%
  - Aircraft servicing or repair?.....  Yes  No
  - All terrain vehicle (ATV) service or repair? .....  Yes  No  
 If yes, advise percentage of gross receipts: \_\_\_\_\_%
  - Alternative fuel conversions (butane, propane or liquid petroleum)? .....  Yes  No  
 If yes, advise percentage of gross receipts: \_\_\_\_\_%
  - Auto or Van conversions/modifications:.....  Yes  No  
 If yes, advise percentage of gross receipts: \_\_\_\_\_%  
 Indicate type of work performed and/or equipment installed:  

<input type="checkbox"/> Air Conditioners	<input type="checkbox"/> High valued electronics	<input type="checkbox"/> Stoves
<input type="checkbox"/> Chair lifts	<input type="checkbox"/> Hydraulic suspension systems	<input type="checkbox"/> Structural
<input type="checkbox"/> Chassis	<input type="checkbox"/> Performance	<input type="checkbox"/> Style
<input type="checkbox"/> Frame	<input type="checkbox"/> Physically disabled controls	<input type="checkbox"/> Suspension
<input type="checkbox"/> Handling characteristics	<input type="checkbox"/> Refrigerators	<input type="checkbox"/> Tanks
<input type="checkbox"/> Heaters	<input type="checkbox"/> Other (describe): _____	
  - Automobile dismantling?.....  Yes  No
  - Automobile repair shops—self service? .....  Yes  No
  - Auto rebuilding?.....  Yes  No  
 If yes, advise percentage of gross receipts: ..... \_\_\_\_\_%  
 Indicate all applicable:  

<input type="checkbox"/> Custom work	<input type="checkbox"/> Flood restoration	<input type="checkbox"/> Fire restoration
<input type="checkbox"/> Salvaged titled vehicles	<input type="checkbox"/> Other (describe): _____	

- **Boat service or repair?** .....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Bus service or repair?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Contractors equipment service or repair?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Farm equipment service or repair?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Frame straightening?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Heavy truck service or repair?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Impound storage lots?**.....  Yes  No
- **Interlock breathalyzer installation service or repair?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Jet ski service or repair?** .....  Yes  No
- **Leasing or renting of vehicles or equipment?**.....  Yes  No
- **Liquor sales?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Manufacturing, assembling or fabrication operations?**.....  Yes  No
- **Mobile equipment service or repair?**.....  Yes  No
- **Mobile home service or repair?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Motorcycle service or repair?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Motorcycle manufacturing, assembly, fabrication or performance enhancement?**.....  Yes  No
- **Motorhome/RV service or repair?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Parking garages/Lots other than self-park?**.....  Yes  No
- **Pawn shop operations?**.....  Yes  No
- **Racing operations?**.....  Yes  No
- **Repossession operations?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Salvage or junk yards?** .....  Yes  No
- **Snowmobile service or repair?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Is applicant a member of the Tire Industry Association (TIA)?**.....  Yes  No
- **Tire recapping/retreading or split rim work?**.....  Yes  No
- **Used Tire sales?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Tow truck operations?**.....  Yes  No
- **Trailer hitch bolt-on installation or repair?**.....  Yes  No  
If yes, advise percentage of gross receipts: .....%
- **Trailer hitch weld-on operations?**.....  Yes  No

- **Trailer service or repair for other than utility trailers?** .....  Yes  No  
If yes, advise percentage of gross receipts: ..... %
- **Travel trailer service or repair?** .....  Yes  No  
If yes, advise percentage of gross receipts: ..... %
- **Truck tractor service or repair?** .....  Yes  No  
If yes, advise percentage of gross receipts: ..... %
- **Valet Parking?** .....  Yes  No
- **Watercraft service or repair?** .....  Yes  No

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. **(Not applicable to Oregon).**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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.



**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure a routine inquiry may be made to obtain applicable information concerning character general reputation personal characteristics and mode of living. Upon written request additional information as to the nature and scope of the report if one is made will be provided.