

# ASAP CHECKLIST AND SUPPLEMENTAL QUESTIONNAIRES

Use for: 1-Mechanical Repair 2-Body Shop 3-Service Station/Convenience Store  
4-Car Wash 5-Tire Dealer Sales/Service

IMPORTANT: ALL SUBMISSIONS MUST BE ACCOMPANIED BY THE GENERAL QUESTIONNAIRE SECTION.

CHECKLIST: The following items are required as part of any auto service submission. Any variance from these required items should be discussed with your underwriter.

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | ACORD APPLICATION, completed in its entirety and signed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | PHOTOS, at least (2) photos of each location.  |
| <input type="checkbox"/> | <input type="checkbox"/> | LOSS RUNS, (3) years of currently valued + the current term loss runs or loss information  |
| <input type="checkbox"/> | <input type="checkbox"/> | DRIVER INFO, a complete list of employees and family members having any driving exposure. The list should include: drivers full name, date of birth and license number.  |
| <input type="checkbox"/> | <input type="checkbox"/> | GENERAL QUESTIONNAIRE, complete the general questionnaire section of the supplemental application.   |
| <input type="checkbox"/> | <input type="checkbox"/> | SUPPLEMENTAL QUESTIONNAIRES, complete the portion of the supplemental questionnaires that corresponds to the exposure. In the case of multiple operations, complete as many parts of the supplemental as needed to properly assess and identify the exposures. |

## ATTACHED SUPPLEMENTAL QUESTIONNAIRES

- Repair Garage-Mechanical
- Body Shop
- Service Station/Convenience Store (Liquor Liability App)
- Car Wash/Tire Dealer/Other



**Utica National Insurance Group**

Insurance that starts with you.

Utica Mutual Insurance Company and its affiliated companies, New Hartford, NY

# AUTO SERVICE GENERAL QUESTIONNAIRE

Insured's Name: \_\_\_\_\_ Years in industry/experience? \_\_\_\_\_  
 Full Time/Full Year Operation? \_\_\_\_\_

**Description of Operations** (Check all that apply and provide annual sales information)

- Mechanical Repair Annual sales? \_\_\_\_\_  Body Shop Annual sales? \_\_\_\_\_
- Salvage/dismantling Annual sales? \_\_\_\_\_  Service Station Annual sales? \_\_\_\_\_
- Convenience Store Annual sales? \_\_\_\_\_  Junk Yard Annual sales? \_\_\_\_\_
- Tire Dealer Sales/Service Annual sales? \_\_\_\_\_  Car Wash Annual sales? \_\_\_\_\_
- Other/Describe \_\_\_\_\_ Annual sales? \_\_\_\_\_

Hours of Operation \_\_\_\_\_ to \_\_\_\_\_ or  24 Hour Operation  
 - If 24 hours, number of employees/attendants on duty during late evening/early morning hours? \_\_\_\_\_

**Any vehicle sales?** If so,  Yes  No  
 - Average cost and age of the vehicles? \_\_\_\_\_  
 - Number of vehicles sold per year? \_\_\_\_\_

**Any towing operations?** If so,  Yes  No  
 - Any towing contracts in place? If yes, describe: \_\_\_\_\_  
 - Any repossession work?  Yes  No Any roadside work?  Yes  No  
 - Estimated number of jobs per year? \_\_\_\_\_ Radius of operations? \_\_\_\_\_

**Number of dealer plates?** \_\_\_\_\_  
 - Identify the use of each: \_\_\_\_\_  
 - Who controls the use of the plates? \_\_\_\_\_  
 - Do non-employees have access to dealer plates?  Yes  No

**Premises/Operations**

- Are customers restricted from entering the shop area?  Yes  No
- Are vehicles loaned, rented or leased? If yes, give details:  Yes  No
- Is there a dog on the premises at any time?  Yes  No
- Does the insured subcontract any work?  Yes  No
- If yes, are certs. obtained?  Yes  No
- Are areas over vehicles/pump areas well lit?  Yes  No
- Does premises have a paved lot?  Yes  No
- Is any work performed on vehicles used in racing? If yes, give details.  Yes  No
- Is any work performed on classic/antique vehicles? If yes, give details.  Yes  No

Are woodstoves or waste oil heaters utilized?  Yes  No  
 Is cutting/welding done on premises?  Yes  No  
 - If yes, describe operations and precautions taken to address "sparking" \_\_\_\_\_  
 Is the housekeeping and maintenance of the buildings and grounds adequate?  Yes  No

**Crime Exposures**

Is the building alarmed with:  
 Burglar Alarm?  Yes  No  
 - If yes, check one  Central  Local Alarm  
 - If yes, when was alarm last serviced? \_\_\_\_\_

Is the building equipped with:

- Video surveillance cameras?  Yes  No
- If yes, are warning signs posted?  Yes  No
- Robbery panic buttons?  Yes  No

Is there any other security/watchman service?  Yes  No

Frequency of police patrols in area: \_\_\_\_\_

Are any firearms kept on premises at any time?  Yes  No

How much money kept overnight? \_\_\_\_\_

How frequently are bank deposits made? \_\_\_\_\_

Are deposits made by:  Employee  Manager  Owner

Are employee background checks made/reviewed?  Yes  No

Of total revenue, what percentage is credit/debit cards versus cash? \_\_\_\_\_ %

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**REMINDER: BE SURE TO ALSO COMPLETE ANY APPLICABLE SUPPLEMENTAL QUESTIONNAIRES.**

**REPAIR GARAGE SUPPLEMENTAL**

What type of repairs does the insured do?

Major  Minor

Describe: \_\_\_\_\_

Does the insured do any body work/spray painting?

Yes  No

If yes, to what extent? \_\_\_\_\_

Is any work performed on: (place a check in any of the following boxes if the exposures exists)

- Heavy trucks/equipment  Farm equipment
- Public Transportation Vehicles  Recreational Vehicles

Describe: \_\_\_\_\_

Are all replacement parts new?

Yes  No

If not, advise where parts are obtained from: \_\_\_\_\_

Are safety type parts cleaners used in lieu of gasoline?

Yes  No

Are garage tools/equipment etched with I.D. markings and/or serial numbers records kept?

Yes  No

**SERVICE STATION/CONVENIENCE STORE SUPPLEMENTAL**

- Full Service  Self Service  Combination Full/Self Service

Is there a convenience store operation? If so,

Yes  No

- Do they sell any alcohol? (complete Liquor Appl. 8-A-301, if coverage is needed)

Yes  No

Are fire extinguishers kept within 100 feet of all tanks and pumps?

Yes  No

Are all tanks and pumps protected by concrete posts?

Yes  No

Does the insured sell Liquid Petroleum Gas?

Yes  No

- If yes, what % of total sales does LPG sales represent? \_\_\_\_\_

Any cigarette/tobacco products sold?

Yes  No

- If yes: Estimate annual sales: \_\_\_\_\_

Estimate highest value of inventory on hand \_\_\_\_\_

Describe how products are displayed and stored: \_\_\_\_\_

**CAR WASH SUPPLEMENTAL**

- Auto  Manual

Is an attendant on premises at all times?

Yes  No

Are floors properly grooved to prevent slips and falls?

Yes  No

Is waste water properly disposed of?

Yes  No

Explain process: Oil sump or Separator \_\_\_\_\_

Regarding the manual self-serve washers - are trigger wands utilized?

Yes  No

For self-service washers, how often are consoles emptied of cash and deposits made? \_\_\_\_\_

## BODY SHOP SUPPLEMENTAL

Are welding and cutting areas separated from other operations?  Yes  No

Is spray painting done? If so,  Yes  No

- Full body or incidental/touch up work? \_\_\_\_\_

- Which of the following set ups apply to the spray paint area (check one)?

U.L. approved booth  Separate building  Cut off room  Other/describe

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In reference to the Cut off room, are curtains or moveable walls used to enclose painting area?  Yes  No

Is the facility equipped with explosion proof:

- wiring?  Yes  No

- switches?  Yes  No

- lighting?  Yes  No

Is an adequate ventilation system in place?  Yes  No

Is there a routine clean up schedule in place?  Yes  No

Are paints and other flammables kept in a separate building or cabinet?  Yes  No

Is all trash and rags stored in self-closing U.L. approved metal containers?  Yes  No

Are portable extinguishers properly mounted, tagged and dated for inspection?  Yes  No

Is smoking prohibited in repair, painting and storage areas?  Yes  No

Is there any upholstery/convertible roof work performed?  Yes  No

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## TIRE DEALER SUPPLEMENTAL

Is any recapping or retreading performed?  Yes  No

How and in what amount are tires stored on the premises? \_\_\_\_\_

Does the insured sell any specialty tires? Explain  Yes  No

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Are cages used in the removal of tires? Explain  Yes  No

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Any used tire sales?  Yes  No

- If yes, what % or total sales? \_\_\_\_\_