**Date:**

**KBK BODY SHOP/AUTO REPAIR INSURANCE APPLICATION**

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| **APPLICANT INFORMATION** |
| Legal Name of Company      | Effective Date of Coverage      |
| Mailing Address      | City:      | State:      | Zip Code:      |
| [ ]  Individual[ ]  Partnership | [ ]  Corporation[ ]  Joint Venture | [ ]  LLC[ ]  Other (describe) | Years in Business      |
| **Inspection**Contact:       | Phone:       | Federal ID#      |
| **LOCATION INFORMATION** |
| # | *Street, City, County, State, Zip Code* | *Use of Location* |
| 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |

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| --- | --- | --- | --- |
| **OPERATION** | **# OF EMPLOYEES** | **PAYROLL** | **RECEIPTS** |
| Body Work |       | $      | $      |
| Customized Body Work |       | $      | $      |
| Auto Repair |       | $      | $      |
| Motor Rebuilding |       | $      | $      |
| Transmission Repair |       | $      | $      |
| Part Sales |       | $      | $      |
| Inspection Station |       | $      | $      |
| Towing |       | $      | $      |
| Dismantling/Salvage |       | $      | $      |
| Used Car Sales |       | $      | $      |
| Service Station |       | $      | $      |
| Convenience Store |       | $      | $      |
| Other (Describe)      |       | $      | $      |

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| 1. |  | Does the Applicant operate out of residence?  | [ ]  Yes [ ]  No |
| 2. | a.b. | Is the Applicant a subsidiary of another entity or have any other subsidiaries? If yes, describe:       | [ ]  Yes [ ]  No |
| 3. | a.b. | Does the Applicant carry workers’ compensation insurance? Policy period:      Insurance company:       | [ ]  Yes [ ]  No |
| 4. |  | Does the Applicant own or sponsor a car for racing?  | [ ]  Yes [ ]  No |
| 5. | a.b.c.d. | Any vehicles leased, loaned or rented to others? If yes, describe:      Are these vehicles included in the attached schedule?If no, explain why:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 6. | a.b.c. | Is there a formal safety program in operation? If yes, number of meetings held monthly:      Who conducts? (*Include a copy of written safety program if one exists.*)       | [ ]  Yes [ ]  No |
| 7. |  | Construction of building: [ ]  Frame [ ]  ICM [ ]  Brick [ ]  Other (*describe*)       |
| 8. |  | Does the Applicant post “No Smoking” signs in the shop area? | [ ]  Yes [ ]  No |
| 9. | a.b. | Does the Applicant allow customers in the shop area?Does the Applicant post signs warning customers to stay out of the shop area?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 10. | a.b.c.d.e. | Does the Applicant have dealer, repairer or transporter plates?If so, how many plates?      What are the plate numbers?      What is the use of the plates?      Any personal use of the plates?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Location Security** |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Fenced** | **Height** | **Gates Locked at Night** | **Watchman** | **Alarm** | **Well-Lighted** |
| Loc. #1 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Loc. #2 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Loc. #3 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Loc. #4 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Loc. #5 | [ ] Yes [ ] No |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |

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| 11. | a.b.c.d.e. | Does the Applicant have dogs on premises? If yes, number       Breed      Are they trained guard dogs?Are “Beware of Dog” signs posted on gate?Are dogs penned up during business hours?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 12. | a.b.c. | Does the Applicant employ a watchman?Does the Applicant hire an independent security guard service?If yes, is an insurance certificate secured? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 13. |  | Are customers’ keys left in the vehicles at any time?  | [ ]  Yes [ ]  No |
| 14. | a.b. | Where are the keys kept during the day?      Where are the keys kept during the night?       |  |
| 15. | a.b.c.d.e.f. | Does the Applicant dispose of the following pollutants? TiresSolventsOilPaintOther *(Describe)*       | Dispose?[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 16. | a.b. | Does the Applicant use another firm to dispose of the pollutants?Has the Applicant secured a certificate of insurance from this firm?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 17. |  | If the Applicant does not use another firm to dispose of the pollutants, describe the method of disposal.       |  |
| 18. | a.b.c.d.e. | Does the Applicant sell used cars?If yes, how many cars are sold each year?       Does a salesperson accompany the customer when test driving on **every** test drive?If no, is the customer’s drivers license retained for security?Are there any circumstances where a customer test drives alone without leaving his license?If yes, explain:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 19. | a.b.c.d. | Does the Applicant sell tires?If yes, receipts $       Does the Applicant sell [ ]  new or [ ]  used tires?Any tire recapping or retreading performed?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 20. | a.b.c.d.e. | Does the Applicant salvage or dismantle vehicles?If yes, what number of units annually?      Does the Applicant own a crushing machine?If yes, describe here:      Is public allowed to removed parts from vehicles? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 21. |  | Does the Applicant sell used parts? | [ ]  Yes [ ]  No |
| 22. | a.b. | Does the Applicant sell propane?If yes, describe protection around tank:       | [ ]  Yes [ ]  No |
| 23. | a.b. | Does the Applicant have a car wash?If yes, is the car wash open to the public?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 24. | a.b.c.d.e.f.g.h. | Does Applicant own a tow truck? *(if yes, complete vehicle schedule)*What percentage is it used for business purposes only?      If yes, is the tow truck used for contract work, police rotation or any towing for others? Any repossession work?If yes, are the repossessions [ ]  voluntary or [ ]  involuntary?Any filings required?If yes, which filings are needed?      Authority is granted in the name of:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Auto Repair Shop Operations** |
| 25. |  | Does the Applicant perform any motor rebuilding?  | [ ]  Yes [ ]  No |
| 26. |  | Does the Applicant perform engine replacements?  | [ ]  Yes [ ]  No |
| 27. |  | Does the Applicant repair anything other than cars (boats, farm equipment, etc.)?  | [ ]  Yes [ ]  No |
| 28. |  | Does the Applicant repair cars for racing?  | [ ]  Yes [ ]  No |
| 29. | a.b. | Are any repairs performed on trucks with GVW greater than 10,000 lbs.?If yes, provide receipts:       | [ ]  Yes [ ]  No |
| 30. | a.b. | Does the Applicant perform any road-side repairs?If yes, how many per month?       | [ ]  Yes [ ]  No |
| 31. |  | What types of repairs are done other than general repairs (oil changes, tune-ups, brakes, etc.)?      |
| **Body Shop Operations** |
| 32. |  | Does the Applicant have a UL approved paint booth?  | [ ]  Yes [ ]  No |
| 33. | a.b. | Does the Applicant paint anything other than cars?If yes, please describe:       | [ ]  Yes [ ]  No |
| 34. |  | Does Applicant use metal containers with lids to store combustible rubbish (oily rags, soiled paint or solvent wipe rags)?  | [ ]  Yes [ ]  No |
| 35. |  | How often are oily rags removed from premises?       |
| 36. | a.b.c. | Does Applicant have metal containers to store paint?Where are the small containers stored?      Where are the large containers stored?       | [ ]  Yes [ ]  No |
| 37. | a.b. | Does the Applicant have a regular maintenance schedule to clean up painting residue in thepainting area?If yes, how often?       | [ ]  Yes [ ]  No |
| 38. | a.b.c. | Is any welding performed?If yes, where is welding performed?       Any protective screens used?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
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| **Insurance Co.** | **Year** | **Premium** | **Limits** | **Deductible** | **# of Losses** | **Amount** |
|       |       | $      | $      | $      |       | $      |
|       |       | $      | $      | $      |       | $      |
|       |       | $      | $      | $      |       | $      |
|       |       | $      | $      | $      |       | $      |

**Attach copy of insurance company loss runs.** |
| 39. | a.b. | Has the Applicant ever been cancelled or non-renewed? (*Do not answer if risk is located in MO*)If yes, why?       | [ ]  Yes [ ]  No |

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| **COVERAGES AND LIMITS DESIRED** |
| **Automobile Liability** | CSL       *(Up to $1,000,000)* |
|  [ ]  $1,000**Medical Payments** Limit per person [ ]  $2,000 [ ]  $5,000 |
| **Personal Injury** Each limit       *(As required by state law)***Protection** |
| **Uninsured Motorists** CSL       *(As required by state law)* |
| **Physical Damage** | Comprehensive deductible       | *Please indicate on schedule which vehicles desire Physical Damage* |
| Collision deductible       |
| **General Liability** | CSL       |
| Aggregate       *(Aggregate up to 3 times)* |
| **Premises Medical** $5,000 limit per person **Payments** |
| **Garagekeepers Legal Liability** | Limit Location 1       |
| Limit Location 2       |
| Limit Location 3       |
| Limit Location 4       |
| Deductible       |
| *Note: Adequate limits should be***On-Hook/Cargo** Limit **Please indicate on vehicle schedule** *selected to cover the highest valued**item “on-hook”/”in-tow.”* |
| **Broadened Property Coverage***\*Please note: This coverage can be selected only if Commercial Property Coverage exists.* |  [ ]  Include  [ ]  Exclude |

For Property Coverage complete the ACCORD application

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| **Fraud Warnings:** |
| **ARKANSAS** “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.” |
| **COLORADO** “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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.” |
| **DISTRICT OF COLUMBIA** “WARNING: 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.” |
| **FLORIDA** “Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.” |
| **KENTUCKY** “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.” |
| **LOUISIANA** “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.” |
| **MAINE** “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 denial of insurance benefits.” |
| **NEW JERSEY** “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.” |
| **NEW MEXICO** “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 civil fines and criminal penalties.” |
| **OHIO** “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.” |
| **OKLAHOMA** “WARNING: 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.” |
| **PENNSYLVANIA** “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.” |
| **RHODE ISLAND**“Notwithstanding any similar requirements in title 28, every claim form and application for insurance, regardless of the form of transmission (not applicable to any claim form for health insurance which is on a form promulgated by the centers for Medicare and Medicaid Services, or in electronic format pursuant to 45 C.F.R. Part 162, or to reinsurance)” |
| **TENNESSEE** “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.” |
| **VIRGINIA** “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.” |
| **WEST VIRGINIA** “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.” |
| **ALL OTHER STATES** “Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.” |

**NO COVERAGE IS BOUND UNTIL ACCEPTED BY THE COMPANY.**

Date:      Signature of Applicant:

**KBK VEHICLE SCHEDULE**

Insured Name:

Date:

|  |
| --- |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |

**KBK DRIVER LIST Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Driver’s Name | DOB | Date of Employment | Status | Commercial Driving Experience | Tow Truck Experience | Company Use Only |
|  | VIOL | ACC | DEL | ADD |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
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 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |

Have you identified every possible driver of an insured vehicle including those who may fill in during peak periods and emergencies?

(Such as members of households, friends, etc.)? [ ]  Yes [ ]  No

|  |
| --- |
| Name of Applicant:       , understands and agrees that on any proposed addition or substitution of driver, the MVR must be submitted to the insurance company for approval prior to hire. |
|  | Applicant Signature:       |

ADDITIONAL NOTES: