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| **Auto Salvage Shield Insurance Program Supplemental Application** | | | | | |
| ***Insured/Applicant Section*** | | | | | |
| **Insured/Applicant Name** | |  | | | |
|  | | | |
| **Address** | |  | | | |
|  | | | |
| **Phone Number** | |  | | | |
| **Fax Number** | |  | | | |
| **FEIN** | |  | | | |
| **Contact Name** | |  | | | |
| **Contact Title** | |  | | | |
| **Email Address** | |  | | | |
| **Web Site** | |  | | | |
| **Estimated Annual Sales** | |  | | | |
| **Number of Employees** | |  | | | |
| **Year Business Established** | |  | | | |
| ***The following information should be included with the submission:***   * Current property schedule with values and description of building occupancy * Current driver’s list including family member and permissive users * Recently valued loss runs for current and four previous years | | | | | |
| ***General Questions*** | | | ***Check Yes/No Answer*** | | |
| ***Yes*** | | ***No*** |
| 1 | Please provide percentages of total sales:   |  |  | | --- | --- | | **Operation** | **Percentage** | | Used Part Sales |  | | New Part Sales |  | | Mechanical Repair |  | | Auto Body Work |  | | Towing for Others |  | | Scrap Metal Recycling |  | | Off-site Car Crushing |  | | Other |  | | | Fill-in applicable percentage(s) in table | | |
| 2 | Are you an ARA Certified Automotive Recycler? | |  |  | |
| If so, Are you R2 Certified? | |  |  | |
| Are you a PRP(Preferred Recycled Parts) Facility? | |  |  | |
| ***General Questions, continued*** | | | ***Check Yes/No Answer*** | | |
| ***Yes*** | | ***No*** |
| 3 | **How are your parts sold? Provide percentages**:   |  |  | | --- | --- | | **Category** | **Percentage** | | Showroom/Counter |  | | Drop Shipped |  | | Brokerage |  | | U-Pull It |  | | Other |  | | | Fill-in applicable percentage(s) in table | | |
|
| 4 | **Do you operate a U-Pull-it Operation? If yes answer below** | |  | |  |
| Average # of visitors per day? Is there a maximum # allowed? | |  | | |
| Do you stack vehicles? If so how high? | |  | |  |
| Are customers allowed in area where vehicles are stacked? | |  | |  |
| Are vehicles on stands or rims? | |  | |  |
| Describe rack stacking systems. | |  | | |
| Do you charge a fee to enter the U-Pull-it area | |  | |  |
| Is there a liability waiver signed by the customer?  How long is the waiver stored? | |  | |  |
|  | |  |
| Do you offer any warranties? | |  | |  |
| Is area supervised by an employee? | |  | |  |
| What is the minimum age to enter? | |  | |  |
| Are pets allowed? | |  | |  |
| Are there footwear restrictions in this area? | |  | |  |
| Are safety rules posted prominently? | |  | |  |
| Are rules posted banning alcohol and firearms? | |  | |  |
| Are customers allowed to use torches, hand operated jacks, or compressors? | |  | |  |
| Do you provide hand tools for customer use? | |  | |  |
| Are employee only signs displayed prominently in restricted areas? | |  | |  |
| Is yard under video surveillance? | |  | |  |
| **5** | **Do you sell used autos?** | |  | |  |
| If yes, what is the percentage of your total revenue from used car sales? | |  | |  |
| Are cars sold on an “as is” basis”? | |  | |  |
| Do you have dealer plates? How many? | |  | |  |
| Do you sell used auto parts? | |  | |  |
| If yes, what is the percentage of your total revenue from used parts? | |  | | |
| Are used parts sold on an “as is” basis? | |  | |  |
| **6.** | **Do you tow vehicles for others?** | |  | |  |
| If yes, what is the percentage of the total revenue from towing? | |  | | |
| Do you offer towing assistance 24 hours? | |  | |  |
| Are you on a rotation (AAA, Municipalities, etc.)? | |  | |  |
| **7.** | **Is there a security system on site?**  If yes, please advise:   |  |  | | --- | --- | | Central monitored |  | | Local alarm/gong |  | | Surveillance Cameras |  | | Motion Detection |  | | Fence Alarm |  | | |  | |  |
| Fill-in security system details in table | | |
| ***General Questions, continued*** | | | ***Check Yes/No Answer*** | | |
| ***Yes*** | | ***No*** |
| **8.** | **Are there dogs on premises?** | |  | |  |
| If yes, are they able to roam freely? | |  | |  |
| **9**. | **Are there security guards on premises?** | |  | |  |
| If yes, are they armed? | |  | |  |
| If the guards are employees of a 3rd party, are Certificates of Insurance obtained, including hold harmless agreement in favor of the insured? | |  | |  |
| **10.** | **Do you have a formal safety plan?** | |  | |  |
| **11.** | Do you have signed contracts with vendors removing waste materials? (i.e. batteries, waste water, waste oil, tires, etc.) | |  | |  |
| **12.** | Do you have Environmental Impairment Liability? | |  | |  |
| **13.** | Are there “No Trespassing” signs around the yard? | |  | |  |
| **14.** | Are there any Additional Named Insureds being requested? If yes:   1. Provide Name, address and FEIN 2. What is their relationship to the Named Insured? 3. Is there common ownership? | |  | |  |
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|  |  | |  | |  |
| ***Automobile*** | | | ***Check Yes/No Answer*** | | |
| ***Yes*** | | ***No*** |
| 1 | Do you comply with US DOT and state specific safety standards? | |  | |  |
| 2 | Describe your procedure for hiring drivers: | |  | | |
| 3 | Describe your training procedures for new drivers: | |  | | |
| 4 | Do you pull MVRs for all drivers? | |  | |  |
| If yes, how often: | |  | | |
| 5 | What are your MVR guidelines? | |  | | |
| 6 | What action is taken on a questionable/unacceptable MVR? | |  | | |
| 7 | Do all commercial drivers have CDLS? | |  | |  |
| Are CDL drivers’ medical certificates updated annually? | |  | |  |
| Are CDL drivers drug tested annually? | |  | |  |
| ***Automobile, continued*** | | | ***Check Yes/No Answer*** | | |
| ***Yes*** | | ***No*** |
| 8 | What is the typical radius of operation of **commercial** vehicles?   |  |  | | --- | --- | | 0 to 50 miles |  | | 51 to 200 miles |  | | 201 miles or greater |  | | |  | | |
| 9. | Do you conduct Post-Accident investigations? | |  |  | |
| 10. | Are loads properly secured with straps and/or chains after loading prior to departing? | |  |  | |
| 11. | What is your policy regarding driver’s cell phone use? | |  | | |
| 12. | Describe vehicle maintenance program. | |  | | |
| Are mechanics certified? | |  |  | |
| 13. | Are Federal or State Filings required? | |  |  | |
| 1. What filing(s)? | |  | | |
| 1. For what reason? | |  | | |
| 14. | How many Drivers? | |  | | |
| How many power units? | |
| 15. | Do you haul for others? | |  |  | |
| If yes, what do you haul and how often? | |  | | |
| 16. | Do others haul for you? | |  |  | |
| If yes:   1. How often? | |  | | |
| 1. Do you obtain Certificates of Insurance from those carriers? | |  |  | |

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| ***Property*** | | ***Check Yes/No Answer*** | |
| ***Yes*** | ***No*** |
| 1 | Are all gases and fuels stored in approved containers away from open flames and sources of heat? |  |  |
| 2 | If a paint spray booth is used, is it UL certified and properly vented? |  |  |
| 3 | Are tires from scrapped autos stored on premises? |  |  |
| Is there regular pick up of tires by a 3rd party? |  |  |
| At what intervals? |  | |
| 4 | Are batteries palletized and hauled away by an outside contractor? |  |  |
| If yes, at what intervals? |  | |
| If not, explain: |  | |
| 5 | Is there a process for handling waste fluids (FRS)? |  |  |
| 6 | Are any buildings on the schedule or on the premises unoccupied or vacant? |  |  |

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| ***Inland Marine/Equipment*** | | ***Check Yes/No Answer*** | |
| ***Yes*** | ***No*** |
| 1 | Do you operate any mobile equipment? |  |  |
| 2 | Do you conduct regular Equipment Maintenance as follows? |  | |
| 1. Weekly checks for proper lubrication? |  |  |
| 1. Maintenance contracts with outside vendor(s)? |  |  |
| 1. Do you obtain Certificates of insurance from Maintenance vendors? |  |  |
| 3. | Do you require verification of training or provide training for equipment operators? |  |  |
| If so, please describe. |  | |
| 4. | Do you have a shredder? If yes, |  |  |
| 1. What is the rotor or box size? |  | |
| 1. What HP? |  | |
| 1. What is the power source? |  | |
| 5. | Do you have any permanently installed equipment? |  |  |

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| ***Worker’s Compensation*** | | ***Check Yes/No Answer*** | |
| ***Yes*** | ***No*** |
| 1 | Is there a formal employee safety plan/manual? |  |  |
| 2 | Do you conduct safety meetings? |  |  |
| How often? |  | |
| 3. | Do you offer light duty return to work? |  |  |
| 4. | Are dismantling areas equipped with at least one emergency hand and eye washing station? |  |  |
| 5. | Lockout/Tagout when equipment is being cleaned, repaired or services? |  |  |
| 6. | Are hoists well maintained and procedures in place to prevent vehicles from falling? |  |  |
| 7. | Are safety measures in place while the crusher is in operation to prevent an employee from falling or being pulled into the machine? |  |  |
| 8. | Have there been any OSHA violations in the past 36 months?   1. If so, please provide details. |  |  |
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| ***Insured/Applicant Signature:*** | | ***Date:*** | |
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| **For questions contact:**  **Paul Hendricks**  [phendricks@WatsonInsurance.com](mailto:phendricks@watsoninsurance.com)  800-635-9416 Office  704-866-9866 Fax | **Please return application to:**  **Anita O’Donoghue**  [aodonoghue@WatsonInsurance.com](mailto:aodonoghue@WatsonInsurance.com)  704-874-4718 Office  704-866-9866 Fax |