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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:

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| Central monitored |  |
| Local alarm/gong |  |
| Surveillance Cameras |  |
| Motion Detection |  |
| Fence Alarm |  |

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| 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?
 |  |  |
|  |
|  |  |  |  |
| ***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 |  |

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| 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.com800-635-9416 Office704-866-9866 Fax | **Please return application to:****Anita O’Donoghue**aodonoghue@WatsonInsurance.com704-874-4718 Office704-866-9866 Fax |