



FULL SERVICE CAR WASH INSURANCE APPLICATION

Property/Liability Full Service Car Wash Insurance Application

Property and liability coverage is required at all locations

This application cannot be processed without 2 photos of the car wash and 3 years hard copy prior carrier loss history. A separate application is required for each additional location to be insured.

GENERAL INFORMATION

Contact Name _____ Date _____

First Named Insured _____ Effective Date _____

Mail Address: _____ City _____ County _____ State _____ Zip _____

Location Address: _____ City _____ County _____ State _____ Zip _____

Telephone #: _____ Fax #: _____ Email Address: _____

FEIN# _____

___ Individual ___ Partnership ___ Corporation ___ LLC ___ Other (specify) _____

Interest: ___ Owner ___ Tenant What percentage of building is owner occupied? 100% ___ 75-99% ___ less than 75% ___

Number of years in Car Wash Business ___ If less than 3 years provide prior business experience _____

Does named insured have ownership interest in any other business? _____

CARRIER & PREMIUM INFORMATION

Prior 3 years Policy Dates	Name of Insurance Company	Premium
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____

ENTER ALL CLAIMS AND OCCURRENCES FOR THE PRIOR 3 YEARS

Attach Loss Run / History

Date of Occurrence	Type/Description Occurrence or Claim	Date of Claim	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UNDERWRITING AND COVERAGE INFORMATION

Full Service [Conveyor Tunnel - Employee takes control of vehicle] Number of Full Serve Conveyor Tunnels: _____

Type: Touchless ___ Brush ___ Soft Cloth ___ Combination ___

Hours of Operation: _____ Number of Employees: _____ Do you have workers' Compensation? Yes No

Other Profit Centers [indicate those applicable] Specify if Owner Operated (O) or Tenant Operated (T)

- | | | | | |
|--------------------------------------------------------------|---------------------------------|----------------------------|-------------------------------|------------------------------------|
| ___ Detailing (# of vehicle detailed per month) _____ | ___ Vehicle repair _____ | ___ Lube _____ | ___ Windshield _____ | ___ Emissions _____ |
| ___ Auto Sales _____ | ___ Lease/Rental _____ | ___ Towing _____ | ___ Mini Storage _____ | ___ Convenience Store _____ |
| ___ Food Service (Describe) _____ | ___ Dog Wash _____ | ___ Gas Sales _____ | | |
| ___ Other (Describe) _____ | | | | |

Annual Car Wash Revenue \$ _____ Other Profit Centers Annual Revenue \$ _____

Number of vehicle washed per month _____ Maximum number of customer vehicles in your control at one time: _____

Are vehicles kept overnight? Yes No Average value customer vehicle \$ _____
 Who is allowed to move/drive customers' vehicles? _____
 Do designated drivers wear special clothing to clearly distinguish them from non-drivers? Yes No
 Are handicapped-equipped vehicles operated by managers only? Yes No Are customers allowed in wash area? Yes No
 Explain procedure for releasing vehicle back to customer _____

Year building constructed _____ If building over 25 yrs indicate year updated: Wiring _____ Heating _____ Plumbing _____ Roof _____
 Age of car wash equipment _____ If older than 25 years old when did updates occur _____
 Building Construction: _____ **F** = Frame – wood, stucco _____ **JM** = Joisted Masonry – block, brick, concrete walls with wood truss roof
 _____ **NC** = Non-Combustible – metal on metal _____ **MNC** = Masonry Non-Combustible – block walls with metal truss roof

Property limit: Replacement Cost	Building 1	Building 2	Vacuum/Canopy Isle
Building Square Footage	_____	_____	_____
Building Value	\$ _____	\$ _____	\$ _____
Equipment Value	\$ _____	\$ _____	\$ _____
Contents (other than equipment)	\$ _____	\$ _____	\$ _____
Free Standing Signs	\$ _____		
Other Structures (Describe) _____	Mobile Equipment (pit cleaner, backhoe) describe _____		
Additional Interests: _____ Mortgagee _____ Loss Payee _____ Additional Insured			
Additional Interest name and address (Street, City, State, Zip Code and County)			

Are premises protected by alarm system? Yes No Central _____ Local _____ Surveillance cameras? Yes No
 Premises well lighted? Yes No Do exterior doors have double cylinder dead bolt locks? Yes No
 Is there a safe on premises? Yes No Average cash kept overnight? _____ Frequency of deposits? _____

Pick Up and Delivery [Complete this section if the operation will provide this service]

Does this service include: Autos Individuals Radius of pick-up and delivery: _____

Driver Information [List employees whose duties include auto pickup and delivery] *PLEASE PRINT CLEARLY*

Employee Name	Title	Date of Birth	Driver's License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Lube & Oil Facility [Complete this section if the operation will provide this service]

Have all employees attended a training program? Yes No Are customers allowed in the garage area? Yes No
 Is all work double checked by a manager or another employee before vehicle is released to the customer? Yes No
 Other comments which may indicate this risk is above average and/or demonstrate above average security measures: _____

ADDITIONAL INFORMATION OR REMARKS

Application completed by: _____ If Agent/Broker, Name of Agency _____

Agent's signature: _____ Mailing Address _____

Phone: _____

Fax: _____

Email: _____

Insured's Signature

Insured's Title

Date

This application does not bind the applicant, the company, or the agent 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.