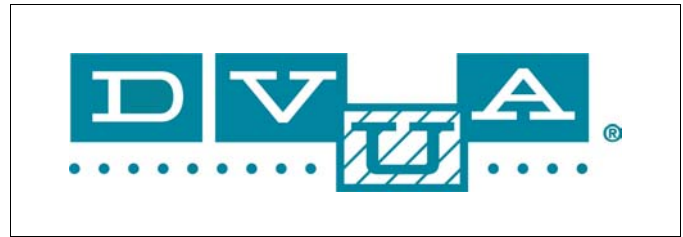


Automobile Service Operations Application

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY



Policy Term From: _____ To _____

GENERAL INFORMATION

1. Named Applicant (you): _____
2. You are: Individual Partnership Corporation
3. Mailing Address: _____
4. Business Address: _____
5. You are: Owner Tenant Does owner need to be named as additional insured? Yes No
 If yes, owner's name _____
6. Your Business is repair of:

	% of Operation		% of Operation
<input type="checkbox"/> Motorcycles	_____	<input type="checkbox"/> Boats	_____
<input type="checkbox"/> All Terrain Vehicles	_____	<input type="checkbox"/> Utility Trailers, Semi-Trailers, Trailers	_____
<input type="checkbox"/> Private Passenger Vehicles	_____	<input type="checkbox"/> Trucks or Truck Tractors	_____
<input type="checkbox"/> Motor Homes	_____	<input type="checkbox"/> Propane Conversions	_____
<input type="checkbox"/> Farm Equipment or Implement Dealer	_____	<input type="checkbox"/> LPG Systems	_____
<input type="checkbox"/> Mobile Homes	_____	<input type="checkbox"/> Buses	_____
<input type="checkbox"/> Mobile Repair	_____	<input type="checkbox"/> Contractor's Equipment	_____
		<input type="checkbox"/> Other _____	_____
7. Insurance is desired from _____ 20 _____ to _____ 20 _____
8. Person to contact: For Inspection (Name & Phone Number) _____
 For Accounting Records (Name & Phone Number) _____
9. Current management has controlled business since _____ (year) and has been in this type of business since _____ (year)
10. Is this a new venture? Yes No
11. (a) List major owners/shareholders/management:

Name	Years with Company	% of Ownership
_____	_____	_____
_____	_____	_____
- (b) What is estimated net worth of the business? _____ (c) Gross receipts last year? _____
12. Have you ever filed for reorganization or bankruptcy? Yes No
 Date filed _____ Date released _____
13. Are you involved in any auto sales? Yes No If yes, % _____
14. Plates held by Applicant: Dealer Transporter Plate #'s _____
 Repairer Other _____
 Are plates used on owned vehicles? Yes No Describe _____
 Are plates used on tow trucks? Yes No Describe _____

15. Limits of Liability and Coverage(s) Requested – (Check desired coverage and insert limits)

- I. LIABILITY

	Each Accident	Aggregate (Garage operations only)
<input type="checkbox"/> Bodily Injury & Property Damage Liability CSL	\$ _____	\$ _____
(Property Damage Liability – subject to \$100 deductible completed operations)		
- II. MEDICAL PAYMENTS

<input type="checkbox"/> Premises Medical Payments \$ _____	Each person
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- III. GARAGEKEEPERS COVERAGE

<input type="checkbox"/> Specified Perils and Collision <input type="checkbox"/> \$500 deductible per auto <input type="checkbox"/> \$1,000 deductible per auto <input type="checkbox"/> \$ _____ other deductible per auto	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary <input type="checkbox"/> Excess Primary
<input type="checkbox"/> In Tow (Damage to autos while being towed) Limit per vehicle \$ _____	Deductible: _____

16. LOCATIONS TO BE COVERED

Loc. No.	Location	Occupancy	Garagekeepers Limit	Garagekeepers	
		Repair Shop, Painting Shop, etc.		Average/Maximum Value per Auto	Average/Maximum Number of Autos
1					
2					
3					

17. EMPLOYEE AND NON-EMPLOYEE INFORMATION (Include Independent Contractors)

Loc. No.	Name	Job Description	Date of Birth	Drivers License #	State Licensed	Number of Accidents	Number of Violations	Explain

**18. OWNED OR LEASED AUTOS USED IN CONNECTION WITH GARAGE OPERATION
(No coverage afforded unless units are described & specifically charged for)**

Model Year	Trade Name	Serial Number	G.V.W.	Use	Maximum Radius of Operation	Garaging	Deductible	Current Value	Plate Permanently Attached Yes or No

Check desired coverages for scheduled autos and/or plates:

Liability (Must be the same as the garage liability limit) Medical Payments Limit _____ UM Limit _____

UNDERWRITING INFORMATION

- | | |
|--|--|
| 19. Is Item 5 your primary operation? If not, explain _____ | 19. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Do you sell or distribute butane, propane, other liquified gas under pressure, or ammonia nitrate? | 20. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. (a) Do you sell tires? _____ % of Receipts _____ % New _____ % Used | 21. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you recap tires? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % _____ | 22. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Do you operate a salvage yard? | 23. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Do you have a salvage title? | 24. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Do you salvage cars for resale? | 25. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, % _____ | 26. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. (a) Do you weld? | 27. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you weld gas tanks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Do you sell or service hoists, lifts, or like equipment? | 28. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Do you repossess autos? (supplemental needed) | 29. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Do you have a parts store? | 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Gross Receipts _____ Used Parts % _____ New Parts % _____

31. Is your primary operation valet or attendant parking? 31. Yes No
32. Do you have automatic car washes on location? (\$500 deductible applies) 32. Yes No
33. Do you have hoists or lifts?
If yes, are they maintained and regularly inspected? 33. Yes No
 Yes No
34. (a) Do you spray paint on location? 34. Yes No
(b) Do you use booth meeting government standards? Yes No
35. Do you take vehicles on consignment? If yes, % _____ 35. Yes No
If yes, is value of consigned autos included in garagekeepers limit? Yes No

36. **PREMISES**

Describe neighborhood: Commercial Residential

Age of building _____ Construction _____ # of floors _____

Are customer's cars stored in building(s)? 36. Yes No

If no, describe lot (i.e. fenced, lighted, etc.) _____

Are keys locked when stored after hours? Yes No

Where are keys kept? Explain _____

Do you have fire and smoke alarms? Yes No

Do you have fire extinguishers? Yes No

Do you occupy all of the premises? Yes No

Do you lease part of premises to others? If yes, who _____ Yes No

37. (a) **PREVIOUS 3 YEARS' CARRIER(S) AND ANY LOSS EXPERIENCE**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

(b) During the past three (3) years has any insurer cancelled or refused renewals? Yes No If yes, explain _____

(c) Are you aware of any facts or past incidents, circumstances, or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

Witness

Applicant's Signature

Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

- Please quote
- Please bind at earliest possible date and issue policy
- Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

Applicant's Representative's Name and Address Phone No.



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 and subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date