



Date: \_\_\_\_\_ # of pages: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

# FAST TRAC

## AUTOMOBILE SERVICE OPERATIONS

1. Agency Name \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Fax # \_\_\_\_\_ & Phone # \_\_\_\_\_
2. Insured \_\_\_\_\_  
 City/State \_\_\_\_\_  
 County \_\_\_\_\_  
 Insured Phone # \_\_\_\_\_
3. Effective Date of Coverage \_\_\_\_\_
4. New Venture?  Yes  No
5. Business:  Repair Shop  Service Station  Public Parking  Valet Parking  Towing  Storage Garage  Other
6. Description of Operations \_\_\_\_\_
7. Is this the applicant's primary operation?  Yes  No If no, explain \_\_\_\_\_
8. Do You (check all that apply):
  - Install or Repair Butane, Propane, or Liquid Petroleum Systems?
  - Recap Tires?
  - Install or Hook-Up Trailer Hitches?
  - Own a Salvage Yard?
  - Engage in Auto Dismantling?
  - Sell Tires?
  - Repair or Service Motorcycles, RVs, or Motorhomes?
  - Own an Automatic Car Wash?
  - Repair High Valued Autos?
  - Allow Customers to Repair Vehicles on Premises?

9. **LOCATION INFORMATION**

Name of Location	Maximum # of Autos	Total Payroll	# of Employees

10. **# OF REG. PLATES HELD BY APPLICANT**

Dealer	
Repairer	
Transporter	
Other	

11. **EMPLOYEE INFORMATION**

Name	Type of Employee (Clerical, Tow Operator, Other)	Date of Birth	License #	State	Moving Violations & Accidents - Last 3 Yrs.

12. **INSURANCE NEEDS - Complete for desired coverages by indicating limits of insurance.**

LIABILITY - COMBINED SINGLE LIMIT (BI & PD)		MEDICAL PAYMENTS	UM or UM/UIM - CSL	IN-TOW COVERAGE	
Each Accident & Other Auto	Aggregate			Limit	Deductible

13. **GARAGEKEEPERS INSURANCE NEEDS - Complete for desired coverages by indicating limits of insurance.**

LIMIT	DEDUCTIBLE	CHOOSE ONE: <input type="checkbox"/> Legal Liability (Specified Causes & Collision)
		<input type="checkbox"/> Direct Primary (Specified Causes & Collision)
		<input type="checkbox"/> Direct Excess (Specified Causes & Collision)

14. **VEHICLES OWNED BY YOU OR USED IN YOUR BUSINESS**

Type	Year	Present Make	Value	Radius	Use	GVW	Annual Mileage	Anti-Lock Brakes (A) or Air Bags (B)

Type of Coverage Requested for Owned Vehicles:  Liability  Physical Damage → Phys. Dam. Ded. \$ \_\_\_\_\_

15. Prior Carrier - Last 3 years \_\_\_\_\_

Terms/Conditions (for office use only) \_\_\_\_\_

**FOR INDICATION ONLY - DOES NOT REPLACE APPLICATION**