



**Property/Liability Insurance Application  
For Self Service and Exterior Only/Conveyor Car Washes**

Property and liability coverage is required at all locations

**THIS APPLICATION CANNOT BE PROCESSED WITHOUT TWO PHOTOGRAPHS OF THE CAR WASH.  
A SEPARATE APPLICATION IS REQUIRED FOR EACH ADDITIONAL LOCATION TO BE INSURED.**

**GENERAL INFORMATION**

**Contact Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Business Legal Name:** \_\_\_\_\_ **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? If yes, describe operation, name, relationship, percentage of ownership, location address for 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TYPE OF CAR WASH**

**Self Service** (In-Bay Automatics and Self-Serve Bays)

**Number of Self-Serve Bays:** \_\_\_\_\_ Are bay floors heated? \_\_\_\_\_ Snow removal contract with risk transfer? \_\_\_\_\_

Triggers on wands? \_\_\_\_\_

**Number of In-Bay Automatics:** \_\_\_\_\_ **Type:** Touchless \_\_\_\_\_ Brush \_\_\_\_\_ Soft Cloth \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Number of Employees \_\_\_\_\_ Do you have Workers Compensation insurance? \_\_\_\_\_

**Exterior Only** (Exterior Only Conveyor Tunnel – Customer remains in car)

**Number of exterior only tunnels:** \_\_\_\_\_ **Type:** Touchless \_\_\_\_\_ Brush \_\_\_\_\_ Soft Cloth \_\_\_\_\_ Combo \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Number of Employees \_\_\_\_\_ Do you have Workers Compensation insurance? \_\_\_\_\_

