



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? _____
 Do you accept credit/debit cards? Yes No

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: _____

