



**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 \_\_\_\_\_

First Named Insured \_\_\_\_\_ Effective Date \_\_\_\_\_

Mail Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_ 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 ? \_\_\_\_\_

Triggers on wands? \_\_\_\_\_ Number of In-Bay Automatics \_\_\_\_\_ Touchless \_\_\_\_\_ Brush \_\_\_\_\_ Soft Cloth \_\_\_\_\_

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

\_\_\_ **Exterior only** (Conveyor Tunnel - Customer remains in car)

Exterior Only Conveyor: Number of tunnels \_\_\_\_\_ Type: Touchless \_\_\_\_\_ Brush \_\_\_\_\_ Soft Cloth \_\_\_\_\_ Combination \_\_\_\_\_

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

## UNDERWRITING AND COVERAGE INFORMATION

Annual Car Wash Revenue \$ \_\_\_\_\_ Number of vehicle washed per month \_\_\_\_\_

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**  
 **Food Service** (Describe) \_\_\_\_\_  **Dog Wash**  
 **Other** (Describe) \_\_\_\_\_

Year building constructed \_\_\_\_\_ If building over 30 yrs indicate year updated: Wiring \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_  
 Building Construction:  **F** = Frame - wood, stucco  **JM** = Joisted Masonry - block, brick, concrete walls with wood truss roof  
 **NC** = Noncombustible-metal on metal  **MNC** = Masonry Non-combustible - block walls with metal truss roof

Property limit: Replacement Cost	Building 1	Building 2	Vacuum/Canopy Isle
<b>Building Square Footage</b>	_____	_____	_____
<b>Building Value</b>	\$ _____	\$ _____	\$ _____
<b>Equipment Value</b>	\$ _____	\$ _____	\$ _____
<b>Contents (other than equipment)</b>	\$ _____	\$ _____	\$ _____
<b>Free Standing Signs</b>	\$ _____		
<b>Other Structures (Describe)</b> _____	<b>Mobile Equipment</b> (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? \_\_\_\_\_ Central \_\_\_\_\_ Local \_\_\_\_\_ Surveillance cameras? \_\_\_\_\_  
 Premises well lighted? \_\_\_\_\_ Are bill changers well lighted and easily observed from street? \_\_\_\_\_  
 Do exterior doors have double cylinder dead bolt locks? \_\_\_\_\_  
 Is there a safe on premises? \_\_\_\_\_ Average cash kept overnight? \_\_\_\_\_ Frequency of deposits? \_\_\_\_\_  
 Do employees use their own vehicle in business? \_\_\_\_\_ If so, do you verify auto insurance and limits? \_\_\_\_\_

### 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*

**NOTICE OF INSURANCE INFORMATION PRACTICES** – Personal information about you, including information from a credit report may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. ACORD 125 (2005/06)

*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.*