



The Insurancenter
www.carwashinsurance.com

**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
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? _____ 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

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.