

# TEXAS

## Automobile Service Operations Application

COLUMBIA INSURANCE COMPANY  
NATIONAL INDEMNITY COMPANY  
NATIONAL FIRE & MARINE INSURANCE COMPANY  
NATIONAL LIABILITY & FIRE INSURANCE COMPANY  
NATIONAL INDEMNITY COMPANY OF THE SOUTH  
NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Horner Insurance Services, Inc.  
5101 Wheelis Drive  
Suite 214  
Mooresville, TN 38117  
(901) 684-4570 FAX: (901) 684-4565

Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

### GENERAL INFORMATION

1. Named Insured Information (please select one):

Name

"dba" (if applicable)

- Corporation \_\_\_\_\_  
 Partnership \_\_\_\_\_  
 Individual \_\_\_\_\_  
 Other \_\_\_\_\_

2. Business (physical) address \_\_\_\_\_

3. Mailing address \_\_\_\_\_

4. Website address \_\_\_\_\_

5. Are you the owner of this business location?  Yes  No

If no, does owner of premises need to be named as additional insured?  Yes  No

If yes, please provide owner's complete name \_\_\_\_\_

6. Description of operation \_\_\_\_\_

7. Please check those items below that are part of your repair operation:

- |  | % of<br>Operation |  | % of<br>Operation |
|--|-------------------|--|-------------------|
| <input type="checkbox"/> Motorcycles   | _____             | <input type="checkbox"/> Boats                                     | _____             |
| <input type="checkbox"/> All Terrain Vehicles                                  | _____             | <input type="checkbox"/> Utility Trailers, Semi-Trailers, Trailers | _____             |
| <input type="checkbox"/> Motor Homes   | _____             | <input type="checkbox"/> Trucks or Truck Tractors                  | _____             |
| <input type="checkbox"/> Farm Equipment or Implement Dealer                    | _____             | <input type="checkbox"/> Propane Conversions                       | _____             |
| <input type="checkbox"/> Mobile Homes  | _____             | <input type="checkbox"/> LPG Systems                               | _____             |
| <input type="checkbox"/> Buses   | _____             | <input type="checkbox"/> Lift Kit (suspension) Installation/Sales  | _____             |
| <input type="checkbox"/> Private Passenger Vehicles, SUVs,<br>and Light Trucks | _____             | <input type="checkbox"/> Contractor's Equipment                    | _____             |
|  |                   | <input type="checkbox"/> Other                                     | _____             |

8. What percentage of repair is performed at a location other than that listed in item 2 above? \_\_\_\_\_%

9. Person to Contact:

For inspection (name & phone number) \_\_\_\_\_

For accounting records (name & phone number) \_\_\_\_\_

10. Current management has controlled business since \_\_\_\_\_ (year) and has been in this type of business since \_\_\_\_\_ (year)

11. Is this a new venture?  Yes  No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been declined, cancelled or non-renewed for this kind of insurance?  Yes  No

If yes, explain \_\_\_\_\_

(c) Are you aware of any facts or past incidents, circumstances, or situations which could give rise to a claim under the insurance coverage sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_

13. (a) List major owners/shareholders/management:

Name	Years with Company	% of Ownership
_____	_____	_____
_____	_____	_____

(b) What is estimated net worth of the business? \_\_\_\_\_ (c) Gross receipts last year? \_\_\_\_\_

14. Has this business entity ever filed for bankruptcy?  Yes  No

Date Filed \_\_\_\_\_ Date Released \_\_\_\_\_

15. Do you ever engage in the sale of autos?  Yes  No If yes, \_\_\_\_\_ % of operation

16. Do you accept vehicles on consignment?  Yes  No If yes, \_\_\_\_\_ % of operation

If yes, is value of consigned autos included in garagekeepers limit?  Yes  No

Please enclose copy of current consignment agreement.

17. Plates Held by Applicant:  Dealer  Transporter  
 Repairer  Other \_\_\_\_\_

List plate identification numbers assigned by the state \_\_\_\_\_

Are plates attached to owned vehicles?  Yes  No Describe \_\_\_\_\_

Are plates attached to tow trucks?  Yes  No Describe \_\_\_\_\_

**COVERAGE INFORMATION**

18. Limits of Liability and Coverage(s) Requested (check desired coverage and insert limits)

I. **LIABILITY** Each Accident Aggregate (Garage Operations Only)  
 Bodily Injury & Property Damage Liability \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Property Damage Liability Subject to (Combined Single Limit) (Maximum Aggregate Limit - 2 Million)  
 \$100 Deductible Completed Operations)

**List All Locations to be Covered for Bodily Injury and Property Damage Liability**

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

II. **MEDICAL PAYMENTS**

Premises Medical Payments (per person) Choose Limit :  \$500  \$750  \$1,000  \$2,000  \$5,000

III. **UNINSURED/UNDERINSURED MOTORIST**

UNINSURED/UNDERINSURED MOTORIST COVERAGE			
Single Limit	Split Limits		
	Bodily Injury		Property Damage
	Per Person	Per Accident	Per Accident

IV. **GARAGEKEEPERS COVERAGE**

NOTE: In-tow or on hook coverage is excluded from garagekeepers coverage

SPECIFIED PERILS and Collision **OR**  COMPREHENSIVE and Collision (available on direct primary basis only)

(pick one of the following)

Legal Liability

Direct Primary

GARAGEKEEPERS DEDUCTIBLE:  \$500 Deductible Per Auto  
 \$1,000 Deductible Per Auto  
 \$2,500 Deductible Per Auto  
 \$5,000 Deductible Per Auto

**19. List All Business Locations to be Covered for Garagekeepers Coverage**

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

**20. AUTOS USED IN CONNECTION WITH GARAGE OPERATION  
(No Coverage Afforded for Specific Autos Unless Autos are Scheduled on the Policy and Assessed Premium Charge)**

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (city, state)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

**Check desired coverages for scheduled autos and/or plates:**

- Liability (must match the garage liability limit)
- UM Limit (policy level) \$ \_\_\_\_\_
- Medical Payments Limit (must match the garage medical payments limit)
- Physical Damage (select type for each unit on which coverage is desired)
  - Unit #1:  Specified Perils/Collision **OR**  Comprehensive/Collision
  - Unit #2:  Specified Perils/Collision **OR**  Comprehensive/Collision
  - Unit #3:  Specified Perils/Collision **OR**  Comprehensive/Collision

Is in-tow desired? Which units? \_\_\_\_\_  
 In-Tow Limit \_\_\_\_\_ In-Tow Deductible \_\_\_\_\_

**RATING INFORMATION**

**21. OWNER & EMPLOYEE INFORMATION (Include independent contractors)**

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State Where Licensed	Drivers License #	Number of Accidents Last 3 Years	Number of Violations Last 3 Years	Explain

## UNDERWRITING INFORMATION

22. Is the operation in question 6 your primary operation? If not, explain \_\_\_\_\_ 22.  Yes  No
23. Do you sell or distribute butane, propane, other liquefied gas under pressure or ammonium nitrate? 23.  Yes  No
24. (a) Do you sell tires? 24. (a)  Yes  No  
       \_\_\_\_\_ % of receipts       New Tires \_\_\_\_\_ %    Used Tires \_\_\_\_\_ %
- (b) Do you recap or retread tires? (b)  Yes  No
25. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, \_\_\_\_\_ % of operation 25.  Yes  No
26. Do you hold a salvage dealer license or operate a salvage yard? 26.  Yes  No
27. Do you salvage cars for resale? 27.  Yes  No
28. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, \_\_\_\_\_ % of operation 28.  Yes  No
29. Do you weld gas tanks? 29.  Yes  No
30. Do you repossess autos? 30.  Yes  No
31. Do you sell parts? 31.  Yes  No  
       Gross receipts from parts sold but not installed \_\_\_\_\_  
        Used Parts \_\_\_\_\_ %    New Parts \_\_\_\_\_ %
32. Do you have automatic car washes on location? (\$500 deductible applies) 32.  Yes  No
33. (a) Do you spray paint at your business location? 33. (a)  Yes  No  
       (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b)  Yes  No
34. What percentage of your work involves the following?  
       Autobody Repair/Painting \_\_\_\_\_ %    Sound System \_\_\_\_\_ %    Window Tint \_\_\_\_\_ %  
       Tune Up \_\_\_\_\_ %                      Tires \_\_\_\_\_ %    Wash/Detail \_\_\_\_\_ %  
       Oil & Lube \_\_\_\_\_ %                      Upholstery \_\_\_\_\_ %  
       Other (describe) \_\_\_\_\_ % \_\_\_\_\_
35. (a) Do you loan autos to customers? 35. (a)  Yes  No  
       (b) Do you lease autos (including PPTs, trucks, motorcycles, ATVs, etc.)? (b)  Yes  No
36. Do you rent autos to customers while their units are left for service repair? 36.  Yes  No
37. Do you furnish autos to anyone? 37.  Yes  No
38. Do you sponsor any racing events? 38.  Yes  No
39. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 39.  Yes  No
40. Do you pick up or deliver customers' autos? 40.  Yes  No
41. **PREMISES**
- Are customers' autos stored in building(s)? 41.  Yes  No  
           If no, describe lot (e.g., fenced, lighted, etc.) \_\_\_\_\_
- Are keys locked when stored after hours?  Yes  No
- Where are keys kept? Explain \_\_\_\_\_
- Are customers permitted in the service area?  Yes  No
- How many service bays do you have? \_\_\_\_\_ Any service pits? If so, how many? \_\_\_\_\_
- Do you have fire and smoke alarms?  Yes  No
- Do you have fire extinguishers?  Yes  No
- Do you occupy all of the premises?  Yes  No
- Do you lease part of premises to others? If yes, to whom? \_\_\_\_\_  Yes  No
- Is your operation located at your private residence?  Yes  No  
           If yes, do you have homeowners or renters insurance?  Yes  No



**UNINSURED & UNDERINSURED MOTORIST COVERAGE  
SELECTION/REJECTION FORM  
Texas**

Texas Insurance Code §1952.101 permits any insured named in the policy to reject Uninsured & Underinsured Motorist Coverage (UM/UIM Coverage) in its entirety or to select a limit lower than the limit for Liability Coverage in the policy, but not less than minimum financial responsibility limits. Uninsured & Underinsured Motorist Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owners or operators of uninsured and underinsured motor vehicles because of bodily injury, sickness, disease, death, or property damage resulting therefrom.

To be certain that your policy is issued correctly, please indicate your choice of the options available by an "X," then sign, date, and return this form as acknowledgement of your choice. The options that you requested for Uninsured & Underinsured Motorist Coverage are reproduced below. These options determined your policy premium, but you may change them. Changing these options may result in changes to your premium. Please contact your agent to request changes.

- I reject Uninsured & Underinsured Motorist Coverage in its entirety.
- I elect to purchase Uninsured & Underinsured Motorist Coverage at the following limits that do not exceed my policy's Liability Coverage Bodily Injury and Property Damage limits:

Bodily Injury per person: \_\_\_\_\_

Bodily Injury per accident: \_\_\_\_\_


Property Damage per accident\*: \_\_\_\_\_; or

Combined Single Limit \_\_\_\_\_

\* Property Damage Uninsured Motorist Coverage is subject to a \$250 deductible.

 \_\_\_\_\_

Signature of Named Insured

 \_\_\_\_\_

Date

**UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICE INDICATED ABOVE WILL CONTINUE REGARDLESS OF ANY CHANGE TO YOUR AUTO COVERAGE—INCLUDING THE ADDITION OF COVERED AUTOS OR AN INCREASE IN LIABILITY LIMITS—AND WILL BE CARRIED FORWARD TO ANY CONTINUATION, RENEWAL, REINSTATEMENT, SUPPLEMENTAL OR REPLACEMENT POLICY.**

**PERSONAL INJURY PROTECTION COVERAGE REJECTION FORM**  
**Texas**

**Named Insured:** \_\_\_\_\_  
**Policy Number (if assigned):** \_\_\_\_\_

In accordance with Texas Insurance Code § 1952.152, which permits the insured named in the policy to reject the Personal Injury Protection (PIP) Coverage, the undersigned rejects such coverage.

 \_\_\_\_\_

Signature of Named Insured

 \_\_\_\_\_

Date

**UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICES INDICATED ABOVE WILL CONTINUE REGARDLESS OF ANY ADDITION OR CHANGE IN AUTO COVERAGE ON YOUR CURRENT POLICY OR ADDITION OF ANY SCHEDULED AUTOS.**