



Automobile Repair Garage Supplemental Questionnaire

Named Insured: _____

Location Address: _____

Operations (check all that apply):

- Auto Mechanical Repair
- Tire Dealer/Sales/Service
- Convenience Store
- Spray Painting
- Other, please describe _____
- Auto Collision Repair
- Gas / Propane Sales
- Car Wash

Please describe the type of repair work performed: _____

- Does the Spray-Booth meet NFPA –33 requirements? Yes No
- Are there fire extinguishers located near Spray Booth ? Yes No
- Does the booth have an Automatic Fire Extinguishing System? Yes No
- Does mixing area have Automatic Fire Extinguishing System? Yes No
- Is the booth equipped with explosion proof lighting? Yes No
- Is proper ventilation in place? Yes No

- Are fire extinguishers currently tagged and inspected? Yes No
- Is smoking prohibited in the repair, painting and storage area? Yes No
- Are there no smoking signs posted and are rules enforced? Yes No
- Are paints/flammables stored in a UL Equipped metal cabinet? Yes No
- Are trash/rags stored in a closed UL Equipped metal container? Yes No
- Any frame straightening? Yes No
- Any junkyard, salvaging or dismantling operations? Yes No

- Any towing operations? Yes No
- If yes, % of total receipts from towing _____%
- Any 24-hour towing? Yes No
- Is towing only for insured's own repair customers? Yes No
- Are there towing contacts or for hire towing in place? Yes No

If yes, please describe the contracts, etc. _____

- Are there any tire sales? Yes No
- If yes, % of total receipts from tire sales _____%
- Any used, recapping or retread tires sold? Yes No
- Percentage of used tires sold _____%
- Any split rim tire work? Yes No



Automobile Repair Garage Supplemental Questionnaire

Automobile Repair Garage Supplemental Application (continued)

Any new or used car sales? Yes No

Type and number sold per year

New _____ Used _____

Number of dealer plates _____ Transporter Plates _____ Repair Plates _____

Please explain the use of plates _____

Does the insured have a personal auto policy in force? Yes No

Carrier _____ Effective Date _____

Any gasoline, propane or other fuel sales? Yes No

Any guard dogs on premise? Yes No

Does the insured own, sponsor or repair racing vehicles? Yes No

Any work subcontracted? Yes No

If yes, please explain _____

Vehicle Specific Information

Any work performed on the following? (check all that apply)

- Medium weight vehicles
- Heavy or X-heavy vehicles
- Public transportation or emergency vehicles
- Motorcycles, ATV's or snowmobiles
- Racing vehicles
- Farm equipment
- Recreational vehicles
- Mobile equipment

Average number of vehicles repaired per year _____

Average number of vehicles on premise at any one time _____

Maximum value of vehicles repaired _____

Number or repair bays _____

Key control program in place? Yes No

Is the lot fenced? Yes No

Is the lot lighted? Yes No

Does the insured have a website? Yes No

If yes: _____

Insured's Signature _____ Date _____

Agent's Signature _____ Date _____

