

MAIL OR FAX APPLICATION TO:
Al Janosik Agency
2300 SW 29th, Topeka, KS 66611
Phone (785) 235-5554 Fax (785) 235-5521

**SUPPLEMENTAL
APPLICATION**

**Auto Service & Repair
Operations / Trailer
Sales**

PRODUCER:	NAMED INSURED:
PRODUCER NO:	DBA:
PHONE:	QUOTE #:
FAX:	EFFECTIVE DATE:

APPLICATIONS INCLUDED FOR QUOTATION (Attach Appropriate ACORD Applications)	
<input checked="" type="checkbox"/> COMMERCIAL INSURANCE APPLICATION (ACORD 125)	<input type="checkbox"/> OTHER: _____
<input checked="" type="checkbox"/> GARAGE & DEALERS SECTION (ACORD 128)	
<input checked="" type="checkbox"/> GARAGE & DEALERS STATE SPECIFIC SECTION (ACORD 138)	<input checked="" type="checkbox"/> REQUIRED

APPLICANT'S QUESTIONNAIRE (ALL QUESTIONS MUST BE ANSWERED BY THE APPLICANT)
EXPLAIN ALL * YES/NO ANSWERS IN REMARKS ON PAGE 2

1. Indicate the maximum number of customer's vehicles in your control at any one time: Average value of customer's cars multiplied by the maximum # of cars in your possession at any one time equals the minimum insurable value: Average value of cars \$ X # of cars = \$ (Minimum insurable value)	
2. How many times per year do you work on a vehicle with a retail value over \$60,000: Highest value \$	
3. Do you repair, maintain or service any vehicles other than private passenger cars, Sport Utility vehicles or light trucks? (If Yes, describe units and % of revenue in Remarks)	<input type="checkbox"/> *YES <input type="checkbox"/> NO
4. Storage of Customer's vehicles at night: Percent in building: % Percent outside: %	
5. Describe anti-theft protection outside (i.e., fencing):	
6. Where do you keep Customer's keys at night: During Business hours:	
7. Are unattended vehicles ever left unlocked? (If Yes, explain in Remarks)	<input type="checkbox"/> *YES <input type="checkbox"/> NO
8. Do you own any tow trucks or any other type of auto transporter? (If Yes, explain in Remarks)	<input type="checkbox"/> *YES <input type="checkbox"/> NO
9. Do you tow for others, for a fee, or as part of another Business? (If Yes, explain further in Remarks)	<input type="checkbox"/> *YES <input type="checkbox"/> NO
10. Who insures your towing operations?	
11. Do you rent, loan, or lease vehicles to others? (If Yes, risk is unacceptable)	<input type="checkbox"/> *YES <input type="checkbox"/> NO
12. Do you perform any roadside emergency services? (If Yes, explain further in Remarks)	<input type="checkbox"/> *YES <input type="checkbox"/> NO
13. Do you perform any off-site or mobile repair/maintenance services? (If Yes, list % of receipts and details in	<input type="checkbox"/> *YES <input type="checkbox"/> NO
14. Total square footage of Building: sq. ft. Age of building: . Is the wiring updated to code?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Do you do any welding? If Yes, % of annual revenue from welding: %	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Do you do any spray painting? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Do you have a spray booth?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. If you have a spray booth, is it Sprinklered & U.L. approved? (If not, risk is unacceptable)	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Do you use a metal container with self closing lid for oily rags?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Do you do any tire recapping or tire retreading? (If Yes, risk is unacceptable)	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Do you sell any tires? If Yes, % of new: % of used: % of total business revenue:	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Do you handle, sell propane, butane or other gases? (If Yes, describe in Remarks)	<input type="checkbox"/> *YES <input type="checkbox"/> NO
22. Do you salvage or rebuild autos, dismantle autos, or have a salvage operation? (If Yes, risk is unacceptable)	<input type="checkbox"/> *YES <input type="checkbox"/> NO
23. Do you sub-contract any work? (If Yes, describe the kind of work sent out in Remarks) IF YES, Do you require a certificate of insurance?	<input type="checkbox"/> *YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
24. Are any of your employees ASE certified? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, How many:	
25. Are you or any owner(s) / officer(s) engaged in any other business activities or own other business(es)? If Yes, what % of annual receipts are derived from this business: %. (Describe other Business Activities in Remarks.)	<input type="checkbox"/> *YES <input type="checkbox"/> NO
26. Do you have a written Safety Program in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Has any insurance for this business or any other business for which you are engaged in been declined, canceled, or non-renewed in the last 3 years? N/A in MO.	<input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS / * YES Answers:	Applicant's Initials Required:

FOR TRAILER DEALERS ONLY:			
1. Indicate the maximum number of trailers on lot at any time:	How many trailers sold per year:		
2. What is the average wholesale value per trailer? \$	Highest value trailer \$		
3. Describe the types of trailers you are selling:			
4. Where are trailers stored?			
5. Is the lot fully chained or fenced? (IF NO, DESCRIBE PROTECTION IN REMARKS)			<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Distance between posts:	Describe chain OR cable:	Describe fencing:	
7. Are there any Propane exposures? (If Yes, explain in Remarks)			<input type="checkbox"/> * YES <input type="checkbox"/> NO

BROKER SECTION (ALL QUESTIONS MUST BE ANSWERED BY THE BROKER) – EXPLAIN ALL *YES ANSWERS IN REMARKS.			
1. Have you personally inspected the Applicant's premises?			<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is the property shared with another business? (If Yes, describe the physical separation of office's & garage area in Remarks)			<input type="checkbox"/> * YES <input type="checkbox"/> NO
3. Is there an operable local burglar alarm?			<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is there an operable central reporting or central monitored alarm?			<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are there currently serviced, charged, and operable fire extinguishers?			<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Does the property have any underground storage tanks (including, but not limited to: gasoline, diesel, oil, etc)?			<input type="checkbox"/> * YES <input type="checkbox"/> NO
7. Are there NO SMOKING signs posted in all areas where combustible materials are located?			<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are windows protected with bars or grates?			<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are there deadbolts on ALL doors?			<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Are there any potential trip and fall hazards? i.e. uneven pavement, potholes, clutter, debris			<input type="checkbox"/> * YES <input type="checkbox"/> NO
11. Is any of this ownership a subsidiary of another entity or does this ownership have any subsidiaries? (Explain further in Remarks)			<input type="checkbox"/> * YES <input type="checkbox"/> NO
12. Describe how insured disposes of waste material (oil, cleaning solvents, etc.)			
13. Does the applicant read and understand the English Language?			<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Has any policy or coverage for this ownership / business been declined, canceled, or non-renewed in the last 3 years? N/A in MO. (If yes, provide details in Remarks)			<input type="checkbox"/> * YES <input type="checkbox"/> NO
REMARKS:			Broker's Initials Required:

APPLICANT'S CONSENT / ADVISORY / WARRANTIES													
APPLICANT'S INITIALS REQUIRED													
ANIMAL EXCLUSION I hereby consent to and accept an Animal Endorsement, which will change the policy applied for.													
POLICY SERVICE FEE – (If Applicable. See quotation. NOT APPLICABLE in South Carolina) I hereby consent to and accept a fully earned service fee of \$205 for the purpose of having the insurance company arrange loss control consultation for my business. This consent is applicable to new policies and all renewals and is in effect until revoked in writing.													
I understand that the insurance applied for within this application: DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.													
PREMIUM SUMMARY: <input type="checkbox"/> PAID IN FULL <input type="checkbox"/> FINANCED – Enclose a <u>copy</u> of the finance agreement. Instruct Premium Finance Company to <u>send balance directly to AI Janosik Agency</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Base Premium</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Policy Service Fee</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Broker Fee</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>TOTAL PREMIUM</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Base Premium	\$		Policy Service Fee	\$		Broker Fee	\$		TOTAL PREMIUM	\$	
Base Premium	\$												
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Broker Fee	\$												
TOTAL PREMIUM	\$												

I/We have reviewed all pages of this supplemental application and confirm that the coverages and limits selected are the only ones I/We want to purchase. I/We understand that no coverage will be afforded within the policy being applied for with this application except those coverages specifically checked on this application. I/We agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I/We warrant that all information on this entire application is true and correct and that any incorrect information may void all coverages from the effective date. I/We further agree to notify the company in writing of all new employees and independent contractors, within 10 days of hiring. I/We understand that failure to report all employees and independent contractors whether or not they drive autos can result in cancellation of the policy, voided coverage, denial of a claim or increase in premium.

I/WE AUTHORIZE ANY PRIOR INSURANCE COMPANY TO RELEASE ALL OF MY CLAIMS AND UNDERWRITING INFORMATION DIRECTLY TO AI Janosik Agency 2300 SW 29th, Topeka, KS 66611 Phone (785) 235-5554 Fax (785) 235-5521

APPLICANT'S SIGNATURE _____ DATE _____

BROKER'S SIGNATURE OF COMPLETION _____ DATE _____