



Information Request Form - Salvage Yard

Renewal Date: [ ] Current Carrier: [ ]
Business Name: [ ]
All entities associated to business/property & interest: [ ]
Type of Entity: Individual [ ] Partnership [ ] Corporation [ ] LLC [ ]
Owners Name & % [ ]
Business Address: [ ] County: [ ]
City: [ ] State [ ] Zip: [ ]
Within city limits? [ ] Yes [ ] No Phone: [ ] Cell: [ ] Fax: [ ]
Email: [ ] Website: [ ]
Fed ID#: [ ] # of Employees FT: [ ] PT: [ ]
Descriptions of operation: [ ]
Annual Sales: [ ] Yrs in business/experience: [ ]
Describe any other revenue source: [ ]

Property Coverage:

Building #1

Bldg Value: [ ] Content value: [ ] Coverage Type: RC [ ] ACV [ ] Other [ ]
Deductible: [ ] Co-Insurance: [ ]
Age\*\*: [ ] Sq. Ft.: [ ] Construction Type: [ ] Condition: [ ]
Sprinkler: [ ] Yes [ ] No Smoke/Fire Alarm: [ ] Yes [ ] No Fire Hydrants: [ ] Yes [ ] No
Distance to hydrant: [ ] Distance to Fire Stations: [ ]
# Fire Extinguishers [ ] How often inspected? [ ]
\*\* If 20+ yrs old need updates:
Roof: [ ] Electrical: [ ] Plumbing: [ ] Heating: [ ]

Building #2

Bldg Value: [ ] Content value: [ ] Coverage Type: RC [ ] ACV [ ] Other [ ]
Deductible: [ ] Co-Insurance: [ ]
Age\*\*: [ ] Sq. Ft.: [ ] Construction Type: [ ] Condition: [ ]
Sprinkler: [ ] Yes [ ] No Smoke/Fire Alarm: [ ] Yes [ ] No Fire Hydrants: [ ] Yes [ ] No
Distance to hydrant: [ ] Distance to Fire Stations: [ ]
# Fire Extinguishers [ ] How often inspected? [ ]
\*\* If 20+ yrs old need updates:
Roof: [ ] Electrical: [ ] Plumbing: [ ] Heating: [ ]

Active Security System: [ ] Yes [ ] No With Who & Type: [ ]
Neighbors to the left: [ ] Right: [ ] Back: [ ] Across: [ ]

Inventory (inside buildings only) additional info needed: [ ]

Inland Marine:(Hilo, Loaders, Etc.): [ ]

**Business Income/Interruption:** Coverage Amt/Type(Co-ins/mo limit): \_\_\_\_\_

**General Liability Limits:** \_\_\_\_\_

**Automobile/Garage:** Liability Limits: \_\_\_\_\_ Medical: \_\_\_\_\_ Radius of operation: \_\_\_\_\_

Out of state exposure:  Yes  No

Does everyone driving company car have a personal auto policy in his/her household?  Yes  No

If no Who? \_\_\_\_\_

**List of vehicles:**

	Year	Make	Model	Vin#	Cost New	Comp	Collison	GWV
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____

Unhook coverage?  Yes  No If yes, vehicle & limit: \_\_\_\_\_

List of **ALL** drivers(including family) that may drive company vehicles or on dealer plates

Name	Birthday	Drivers License #	Personal Auto Policy:	
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes	<input type="radio"/> No

\*\*all drivers must be reported to company **prior** to driving

**Workers' Compensation:**

Employers Liability Limits: \_\_\_\_\_ E-mod: \_\_\_\_\_

**Current Carrier:** \_\_\_\_\_ Renewal date: \_\_\_\_\_

**Current Premium:**

Package: \_\_\_\_\_ Auto: \_\_\_\_\_ Work Comp: \_\_\_\_\_ Other: \_\_\_\_\_

Officers Covered:  Yes  No Class: \_\_\_\_\_ Exp. Mod.: \_\_\_\_\_

Class Code/Description:	# of employees:	Payroll:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Garage Keepers:** \_\_\_\_\_

**Dealer Blanket:** \_\_\_\_\_

**Umbrella:** Limit: \_\_\_\_\_ Retention: \_\_\_\_\_

**Employment Practice Liability:**  Yes  No Limit: \_\_\_\_\_

**Member of any Group/Association?** \_\_\_\_\_

**Loss History:** - List all losses in the past 5 years

_____
_____
_____

(**MUST** have 3 years loss history from current carrier to bind coverage.)

### Self Service Supplemental Application

Are customers charged a fee?  Yes  No Fee? \_\_\_\_\_ Are customers required to sign waiver?  Yes  No (provide copy)

Are customers under 18 permitted?  Yes  No Are customers required to show ID?  Yes  No

Are customers allowed to remove vehicles from under vehicles?  Yes  No

Explain how vehicles are stored (Stands): \_\_\_\_\_

What type of parts are allowed to be removed under vehicles?: \_\_\_\_\_

Are all escorted customers required to wear safety glasses & reflective vest?  Yes  No

Are customer tool boxes checked prior to entering & exiting yard?  Yes  No

Do you loan tools?  Yes  No Are jacks removed from all vehicles?  Yes  No

Are customers allowed to bring in Jacks or heavy tools?  Yes  No

Are customers allowed to remove large parts?  Yes  No If so, what? \_\_\_\_\_

Is employee located in the yard at all times overseeing removal of parts?  Yes  No

Are fluids drained from all vehicles prior to entering yard?  Yes  No Are forklifts operated during business hours?  Yes  No

When operating forklifts employee escorted to clear obstacles & customers?  Yes  No

Are aisles roped off from customer access?  Yes  No

Are customers allowed to operate any moving equipment, torches, etc.?  Yes  No

Are yard rules clearly posted?  Yes  No

Do you keep a daily log of all customers allowed in yard?  Yes  No

Do you have a written first aid/injury plan in place?  Yes  No

Are customers allowed to wear sandals or open toe shoes?  Yes  No

Before closing, do employees walk the yard to make sure everyone is gone?  Yes  No

Certified mechanic?  Yes  No Do you modify and/or rebuild parts?  Yes  No

Do you dismantle Farm/Industrial machinery?  Yes  No Do you dismantle and/or store transformers?  Yes  No

Do you rent/lease any autos, trailers, tractors, equipment or other tools?  Yes  No

Does Management E-verify prior to employment?  Yes  No

Does Management verify MVR's prior to hiring and annually?  Yes  No

Has Management instituted a minimum experience requirement?  Yes  No

Has Management instituted a formal employee training program?  Yes  No

Does Management provide well maintained equipment?  Yes  No

Does Management provide safe working conditions?  Yes  No

Does Management comply with insurance recommendations?  Yes  No

Describe handling of waste/fluids/chemicals: \_\_\_\_\_

Is a formal safety program in place (monthly meetings, safety updates, safety procedures posted)  Yes  No

Explain: \_\_\_\_\_

Have there been any EPL claims, suits, complaints or any pending EPL issues against insureds and/or officers?  Yes  No

Any officer have any knowledge of any act of error or omission which could result in EPL claim/suite/etc?  Yes  No

Does insured own/operate other businesses?  Yes  No \_\_\_\_\_

How many officers? \_\_\_\_\_ How many officers? \_\_\_\_\_

### Auto Recyclers Supplemental Questionnaire

U-pull it?  Yes  No If yes, % of sales from U-pull it? \_\_\_\_\_

Total Annual Sales: \_\_\_\_\_ % from Used Parts: \_\_\_\_\_ New Parts: \_\_\_\_\_ Towing: \_\_\_\_\_ Auto Repair: \_\_\_\_\_ Scrap (cars): \_\_\_\_\_

Scrap (other): \_\_\_\_\_ Re builder Sales: \_\_\_\_\_ Engine/Trans. rebuilding: \_\_\_\_\_ Other: \_\_\_\_\_

# of dealer plates: \_\_\_\_\_ # of transfer plates: \_\_\_\_\_ # vehicles sold: \_\_\_\_\_ Are vehicles sold as is?  Yes  No

Is any crushing being performed by insured?  Yes  No Are vehicles stacked in yard?  Yes  No How many? \_\_\_\_\_

If crushing is performed by a contractor, are certificates of insurance obtained?  Yes  No

Do wrecked autos arrive by insured's vehicles?  Yes  No What %? \_\_\_\_\_

Do you haul salvaged vehicles away from the yard?  Yes  No How many vehicles are stacked? \_\_\_\_\_

How are vehicles secured? \_\_\_\_\_

Does insured do any back hauling of other commodities?  Yes  No If yes, describe: \_\_\_\_\_

Does insured perform any welding/cutting?  Yes  No

Where is it done and what controls are in place? (ex: distance from flammables) \_\_\_\_\_

Are cutting/welding tanks stored upright and properly secured?  Yes  No

Are flammable liquids removed from autos prior to welding?  Yes  No

Does insured have a doc. fire watch program, including monitoring/stopping 30 minutes prior to close?  Yes  No

Distance from combustibles to any welding &/or cutting operation? \_\_\_\_\_

Are flammable liquids removed from autos immediately?  Yes  No Outside building?  Yes  No Describe: \_\_\_\_\_

Do you have a gas caddy/buggy?  Yes  No Are tanks purged and plugged?  Yes  No

Describe use & storage of gas & other flammables: \_\_\_\_\_

Are all flammables stored in UL approved containers/cabinets?  Yes  No

Do you have a spill response kit including: Absorbent socks, pads & pillows?  Yes  No Drip pans?  Yes  No

Oil dry?  Yes  No Broom/shovel?  Yes  No Mop & bucket?  Yes  No Disposal bags?  Yes  No

Safety goggles?  Yes  No Nitride gloves?  Yes  No

Does insured clean parts?  Yes  No If yes, is the solution:  Water based  Solvent based

Are certificates of insurance obtained from firms disposing of hazardous material?  Yes  No

Is the yard completely fenced?  Yes  No Height & construction type of fence: \_\_\_\_\_

Are customers allowed in the yard?  Yes  No Are they always accompanied by an employee?  Yes  No

Are customers allowed to remove parts?  Yes  No

Describe aisle space in yard: \_\_\_\_\_

Describe weed control: \_\_\_\_\_

Are there any dogs on the premises?  Yes  No If yes, what breed? \_\_\_\_\_

If yes, how are they contained during business hours? \_\_\_\_\_

Are good housing practices observed?  Fair  Good  Excellent

Are all buildings in good repair?  Yes  No If no, describe: \_\_\_\_\_

Are walkways leading to/from insured location free of obstruction?  Yes  No Are floor surfaces even?  Yes  No

Are floor areas free from obstruction?  Yes  No Are premises free from hazardous conditions?  Yes  No

Waste oil burner?  Yes  No \_\_\_\_\_ Wood burning stove?  Yes  No \_\_\_\_\_

Are all tires stored at least 200 feet away from all buildings?  Yes  No # of loose tires on property? \_\_\_\_\_

How are tires stored? (racks, barrel, stacked, other)? \_\_\_\_\_



COPY OF CURRENT DECLARATION PAGE (POLICY) WOULD BE HELPFUL

Addition information to help us provide you the best possible quote