

Information Request Form - Salvage Yard

Renewal Date:	Current Carrier:
Business Name:	
All entities associate	ed to business/property & interest:
Type of Entity: Indiv	vidual 🗌 Partnership 🔲 Corporation 🗌 LLC 🗍
Owners Name & %	/o
Business Address:	County:
City:	State Zip:
Within city limits? Email:	Yes No Phone: Cell: Fax:
Fed ID#:	Website: # of Employees FT: PT:
Descriptions of ope	
Annual Sales:	Yrs in business/experience:
Describe any other	revenue source:
Property Covera	<u>ge:</u>
Building #1	
Bldg Value:	Content value:Coverage Type: RC \(\Boxed{\omega} \) ACV \(\Boxed{\omega} \) Other \(\Boxed{\omega} \)
Deductible:	Co-Insurance:
Active Security Syst	tem: Yes No With Who & Type:
Age**: Sc	q. Ft.: Construction Type: Condition:
Sprinkler: Yes	☐ No Smoke/Fire Alarm: ☐ Yes ☐ No Fire Hydrants: ☐ Yes ☐ No
Distance to hydran	nt: Distance to Fire Stations:
# Fire Extinguisher	The first extension and extens
** If 20+ yrs old nee	ed updates:
Roof:	Electrical: Plumbing: Heating:
Building #2	
Bldg Value:	Content value: Coverage Type: RC \square ACV \square Other \square
Deductible:	Co-Insurance:
Active Security Sys	item: Yes No With Who & Type:
Age**: S	• — — • — — — — — — — — — — — — — — — —
•	☐ No Smoke/Fire Alarm: ☐ Yes ☐ No Fire Hydrants: ☐ Yes ☐ No
Distance to hydrar	
# Fire Extinguisher	non orten inspected.
** If 20+ yrs old ne	
Roof: Neighbors to the le	Electrical: Plumbing: Heating: Across:
_	
Inventory (inside	e buildings only) additional info needed:

Susiness Income/Inte						
ieneral Liability Limit	ts:					
utomobile/Garage: 1	Liability Limits:		Medica	l:	Radius of operat	tion:
ut of state exposure:	Yes No					
oes everyone driving	company ca	r have a p	ersonal auto pol	icy in his/her	household?	☐ Yes
no Who?						
ist of vehicles:	NA - 1 - 1		NP . #	ContiNo	C C	
Year Make 1 2 3 4 5.	Model		Vin#	Cost New	Comp Co	ollison GVW
Unhook coverage?	Yes No	If yes, veh	nicle & limit:			
List of ALL drivers(ind	cluding family)	that may dr	ive company vehicl	es or on dealer	plates	
Name	ı	Birthday	Drivers Lic	ense #	Personal A	Auto Policy:
					Yes O Yes O Yes	○ No ○ No
**all drivers must be reported to company p State or Federal Filin Workers' Compensation: Employers Liability Limits:	gs Needed?	○Yes (○ No	E-	Yes	
State or Federal Filin Workers' Compensation:	gs Needed?	Yes		E-	○ Yes ○ Yes ○ Yes ○ Yes	○ No ○ No
State or Federal Filin Workers' Compensation: Employers Liability Limits:	gs Needed?	Yes			○ Yes ○ Yes ○ Yes ○ Yes	○ No ○ No
State or Federal Filin Workers' Compensation: Employers Liability Limits: Current Carrier:	gs Needed?	Yes			○ Yes ○ Yes ○ Yes ○ Yes	○ No ○ No
State or Federal Filin Workers' Compensation: Employers Liability Limits: Current Carrier: Current Premium: Package:	gs Needed?	Yes (Renew Work Comp:		Yes Yes Yes Yes Yes	○ No ○ No
State or Federal Filin Workers' Compensation: Employers Liability Limits: Current Carrier: Current Premium: Package:	gs Needed? Auto: Yes \(\cap \) No		Renew Work Comp:	val date:	Yes Yes Yes Yes Yes	○ No ○ No
State or Federal Filin Workers' Compensation: Employers Liability Limits: Current Carrier: Current Premium: Package: Officers Covered: Class Code/[gs Needed? Auto: Yes \(\cap \) No		Renew Work Comp:	val date:	Yes Yes Yes Yes Yes Other:	○ No ○ No
State or Federal Filin Workers' Compensation: Employers Liability Limits: Current Carrier: Current Premium: Package: Officers Covered: Class Code/I	gs Needed? Auto: Yes \(\cap \) No		Renew Work Comp:	val date:	Yes Yes Yes Yes Yes Other:	○ No ○ No
State or Federal Filin Workers' Compensation: Employers Liability Limits: Current Carrier: Current Premium: Package: Officers Covered: Class Code/[gs Needed? Auto: Yes \(\cap \) No		Renew Work Comp:	val date:	Yes Yes Yes Yes Yes Other:	○ No ○ No

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

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: Used Cars: 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? OYes ONo
Do wrecked autos arrive by insured's vehicles? Ores One What %?
Do you haul salvaged vehicles away from the yard? Ores One How many vehicles are stacked?
How are vehicles secured?
Does insured do any back hauling of other commodities ? OYes ONo If yes, describe:
Does insured perform any welding/cutting? Ores No
Where is it done and what controls are in place? (ex: distance from flammables)
Are cutting/welding tanks stored upright and properly secured? OYes ONo
Are flammable liquids removed from autos prior to welding? OYes ONo
Does insured have a doc. fire watch program, including monitoring/stopping 30 minutes prior to close? OYes ONo
Distance from combustibles to any welding &/or cutting operation?
Are flammable liquids removed from autos immediately? Ores Ono Outside building? Ores Ono Describe:
Do you have a gas caddy/buggy? OYes ONo Are tanks purged and plugged? OYes ONo
Describe use & storage of gas & other flammables:
Are all flammables stored in UL approved containers/cabinets? Ores Ono
Do you have a spill response kit including: Absorbent socks, pads & pillows? OYes ONo Drip pans? OYes ONo
Oil dry? Ores One Broom/shovel? Ores One Mop & bucket? Ores One Disposal bags? Ores One
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? OYes ONo
Is the yard completely fenced? Yes No Height & construction type of fence:
Are customers allowed in the yard? Ores Ono Are they always accompanied by an employee? Ores Ono
Are customers allowed to remove parts? Yes No
Describe aisle space in yard:
Describe weed control:
Are there any dogs on the premises? Ores One If yes, what breed?
If yes, how are they contained during business hours?
Are good housing practices observed?
Are all buildings in good repair? Yes No If no, describe:
Are walkways leading to/from insured location free of obstruction? Ores One Are floor surfaces even? Ores One
Are floor areas free from obstruction? Ores Ono Are premises free from hazardous conditions? Ores Ono
Waste oil burner?
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)?

How often tires disposed of? Do you have a documented inspection process for	r used tire sales? Yes No							
Do you install tires?								
Tires labeled/sorted during inspection?								
Disclaimer for used tire sales to customers? \bigcirc Yes \bigcirc No Do you sell tires over 7 years old? \bigcirc Yes	○No							
Do you sell used tires with minimum tread depth of 1/16th inch? Yes No								
Are parts quality checked for flaws prior to sale? OYes No								
Do you want coverage of used parts inventory (inside building only)? Ores One Limit?								
Towing for hire? Yes No Repo. for hire? Yes No								
Contracts with municipalities? Yes No If yes, provide details of contract:								
Roadside service? Yes No Operate in a rural area? Yes No								
Where are vehicles towed to? If yard, are they separate fo	r dismantling? Yes No							
Auto storage on premises (other than towing)? Yes No Any customer autos on premises?	Yes O No							
Repair - brake work done? Yes No If yes, new brakes only? Yes No								
Are you a 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 transfo	ormers? OYes ONo							
Do you rent/lease any autos, trailers, tractors, equipment or other tools? Yes No								
Does Management verify prior employment? Yes No								
Does Management verify MVR's prior to hiring and annually after that? OYes ONo								
Does Management have a minimum experience requirement? Yes No								
Does Management have 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 w/insurance recommendations? Yes No								
Describe handling of waste/fluids/chemicals:								
Do you have a formal safety program in place (i.e., monthly meetings, safety updates, safety procedur	es posted? Yes No							
Have there been any EPL claims, suits or complaints or any pending EPL issues against insured and/or	officers? OYes ONo							
Any officers have any knowledge of any act error or omission which could result in EPL claim/suite, et	□. ○Yes ○ No							
Does insured own/operate any other businesses? Yes No								
If yes:								
How many officers? Active?								
List of ALL owners and employees:								
Name Payroll Job Duties Fu	II Time?:							
OY6								
OY.								
OY OY								
	es O No							
	es No							

Self Service Supplemental Application

re 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? \bigcirc Yes \bigcirc No	
xplain how vehicles are stored (Stands):	
Vhat type of parts are allowed to be removed under vehicles?:	
re all escorted customers required to wear safety glasses & reflective vest? Yes No	
re customer tool boxes checked prior to entering & exiting yard? $igcirc$ Yes $igcirc$ No	
Do you loan tools? Ores Ono Are jacks removed from all vehicles? Ores Ono	
Are customers allowed to bring in Jacks or heavy tools? Yes No	
Are customers allowed to remove large parts? Yes No If so, what?	
s employee located in the yard at all times overseeing removal of parts? Yes No	
Are fluids drained from all vehicles prior to entering yard? \bigcirc Yes \bigcirc No \bigcirc Are forklifts operated during business hours? \bigcirc Yes \bigcirc No	
When operating forklifts employee escorted to clear obstacles & customers? OYes ONo	
Are aisles roped off from customer access?	
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?	
Do you have a written first aid/injury plan in place? Yes O 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? \bigcirc Yes \bigcirc No	
CODY OF CURRENT DECLARATION BACE (BOLICY) WOLLD DE HELDELL	
COPY OF CURRENT DECLARATION PAGE (POLICY) WOULD BE HELPFUL	
Addition information to	
help us provide you the	
best possible quote	