



CAR WASH APPLICATION

General Information - Complete one form for each location

Date of survey _____ Insurance Renewal Date _____ Date proposal is needed _____

Legal Name of Business & DBA (Include all businesses that are to be included as insureds): _____

FEIN: _____

Location Address: _____ County: _____

Mailing Address (if different): _____ Website Address: _____

Contact Name: _____ Phone: _____

Email Address: _____

Owner/ President Name: _____

Business Information

Description of Business: ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation ☐ Other _____

Years in Business: _____ Years of Experience: _____ (if in business less than 3 yrs, attach a resume & summary of experience of Manager.)

Number of Executives/Officers/Owners: _____ No. of Employees FT _____ PT _____

Gross Annual Sales (Carwash sales only) _____

Annual Revenue Sales (All Business Revenue) _____

Real and Personal Property

Current Carrier _____ Current Premium _____

MAIN WASH BUILDING

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built _____	Bldg Sq. Ft. _____	Sq. Footage You Occupy _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type _____
Frame Construction Type		Occupancy Type		Year Built Year Updated		
<input type="checkbox"/> Type 1 - Wood		<input type="checkbox"/> Self Service		Roof _____		
<input type="checkbox"/> Type 2 - Metal		<input type="checkbox"/> In Bay Automatic		Electrical _____		
<input type="checkbox"/> Type 3 - Masonry		<input type="checkbox"/> Full Service		HVAC _____		
Exterior Siding		<input type="checkbox"/> Express		Plumbing _____		
<input type="checkbox"/> Type 1 - Wood		<input type="checkbox"/> Warehouse				
<input type="checkbox"/> Type 2 - Metal		<input type="checkbox"/> Dog Wash				
<input type="checkbox"/> Type 3 - Brick Veneer		<input type="checkbox"/> Hand Detail				
<input type="checkbox"/> Type 4 - Hardie/ Cement Siding						
<input type="checkbox"/> Type 5 - Other _____						

VACS or DRYING SHED w/ CANOPY

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built _____	Sq. Ft. _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type _____
Frame Construction Type <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Year Built _____ Year Updated _____ Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

VACS or DRYING SHED w/ CANOPY

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built _____	Sq. Ft. _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type _____
Frame Construction Type <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Year Built _____ Year Updated _____ Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

STAND ALONE ROAD SIGN

Limit w/ Equipment Attached _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built _____	Sq. Ft. _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type _____
Frame Construction Type <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Year Built _____ Year Updated _____ Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

STANDALONE PAY STATIONS WITH CANOPY

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built _____	Sq. Ft. _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type _____
Frame Construction Type <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Year Built _____ Year Updated _____ Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

OTHER STRUCTURE

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built _____	Sq. Ft. _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type _____
Frame Construction Type <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Year Built _____ Year Updated _____ Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

OTHER STRUCTURE

Building Limit w/ Equipment Attached _____ Personal Property Limit _____

<input type="checkbox"/> Own <input type="checkbox"/> Lease	Year Built _____	Sq. Ft. _____	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Cameras <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Type _____
Frame Construction Type <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Masonry		Occupancy Type <input type="checkbox"/> Self Service <input type="checkbox"/> In Bay Automatic <input type="checkbox"/> Full Service <input type="checkbox"/> Express <input type="checkbox"/> Warehouse <input type="checkbox"/> Dog Wash <input type="checkbox"/> Hand Detail		Year Built _____ Year Updated _____ Roof _____ Electrical _____ HVAC _____ Plumbing _____	
Exterior Siding <input type="checkbox"/> Type 1 - Wood <input type="checkbox"/> Type 2 - Metal <input type="checkbox"/> Type 3 - Brick Veneer <input type="checkbox"/> Type 4 - Hardie/ Cement Siding <input type="checkbox"/> Type 5 - Other _____					

Real and Personal Property

Are there any other buildings at locations listed above that are not being quoted? ☐ Yes ☐ No

If Yes, please explain: _____

Please list name and address of any mortgagee (MTG) or loss payee (LP) for each location

Location No.	Type		Name and Address
1	<input type="checkbox"/> MTG	<input type="checkbox"/> LP	
2	<input type="checkbox"/> MTG	<input type="checkbox"/> LP	
3	<input type="checkbox"/> MTG	<input type="checkbox"/> LP	
4	<input type="checkbox"/> MTG	<input type="checkbox"/> LP	
5	<input type="checkbox"/> MTG	<input type="checkbox"/> LP	

General Liability Limits of Insurance

Current Carrier _____ Current Premium _____

Limits of Liability

\$1,000,000 Occurrence / \$2,000,000 Aggregate

☐ Occurrence

☐ Claims-made

☐ Retroactive Date _____

Medical Expense: ☐ \$5,000 ☐ Other _____

Damage to rented properties: ☐ \$100,000 ☐ Other _____

Certificates of Insurance & Additional Insureds

List any entities that need Certificates of Insurance or Additional Insureds Endorsement for liability coverage.

For Additional Insureds, describe their interest in your business.

Loc. No.	Name & Address	Certificate of Insurance	Additional Insureds
Describe Interest		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest		<input type="checkbox"/>	<input type="checkbox"/>

Receipt Information

Please check all that apply to your business:

Location: _____	Type of Wash/Receipts (\$)	Other Sales
# of Bays: _____	<input type="checkbox"/> Self-Serve \$ _____	<input type="checkbox"/> Gas \$ _____
Est. Monthly Car Count: _____	<input type="checkbox"/> In-Bay Automatic \$ _____	<input type="checkbox"/> Ice \$ _____
	<input type="checkbox"/> Exterior Wash \$ _____	<input type="checkbox"/> Lube \$ _____
	<input type="checkbox"/> Full Service \$ _____	<input type="checkbox"/> Retail \$ _____
	<input type="checkbox"/> Dog Wash \$ _____	<input type="checkbox"/> Laundry \$ _____
	<input type="checkbox"/> Hand Wash \$ _____	<input type="checkbox"/> Other _____ \$ _____

Garage Keepers Liability Information

Please indicate the Garagekeepers Legal Liability Limit desired (If driving Customers Auto or performing or doing detail):

\$ _____ Address: _____

\$ _____ Address: _____

\$ _____ Address: _____

Does the insured perform mobile service or repair? ☐ Yes ☐ No

Where are the customers vehicles stored overnight: _____

Type of Vehicle Storage Facility: ☐ Building ☐ Standard Open Lot ☐ Non-standard Open Lot

Please describe protection devices present, i.e. locks, alarms, sprinkler systems, fire extinguishers, lighting, fences, etc.: _____

Does the insured pick up and deliver customers' autos? ☐ Yes ☐ No

If Yes, please complete the Driver Information section & submit a list of all drivers including date of birth and license number.

Business Operations Information

Is there a formal maintenance program for buildings and grounds? ☐ Yes ☐ No

Do you accept: ☐ Cash ☐ Bills ☐ Credit Cards

How often is cash pulled? _____ How often are deposits made? _____

If credit card machines are on premises, are they alarmed? ☐ Yes ☐ No

Are customers warned about restricted areas? ☐ Yes ☐ No

Is the building equipped with an alarm system? ☐ Yes ☐ No

If Yes, what type of alarm? ☐ Central Alarm ☐ Local Alarm ☐ Audible ☐ Silent

Are video surveillance cameras present? ☐ Yes ☐ No

If Yes, where are they located on the premises? _____

Do exterior doors have double cylinder dead bolt locks? ☐ Yes ☐ No

Do you have and review Material Safety Data Sheets (MSDS) with employees? ☐ Yes ☐ No

Are any automotive repair services completed on premises? ☐ Yes ☐ No

Are the following signs clearly posted?

Vehicle Height: ☐ Yes ☐ No

Risk potential to customized equipment: ☐ Yes ☐ No

Restricted Area: ☐ Yes ☐ No

Vehicle Hazards: ☐ Yes ☐ No

Clean out pickup beds? ☐ Yes ☐ No

Self-Serve/ In Bay Automation☐ N/AIs the car wash attended? ☐ Yes ☐ No

If Yes, how many hours daily? _____

How are customer incidents handled? Explanation _____

Is contact phone number posted? ☐ Yes ☐ NoDo Wands have triggers? ☐ Yes ☐ NoAre oil and water separators present? ☐ Yes ☐ No**Lube**☐ N/AWhich service set up does your operation use? ☐ Pits ☐ Lifts

If Pits, are there protective nets or other safety devices?

☐ Yes ☐ No

If Lifts, is there a regular maintenance program in place?

☐ Yes ☐ No

Is all work reviewed by a second technician?

☐ Yes ☐ No

Are customers allowed in the shop area?

☐ Yes ☐ No

Is there a separate waiting area for customers?

☐ Yes ☐ No

Does your facility use alternative/supplemental heating units?

☐ Yes ☐ No

If Yes, please explain _____

Dog Wash☐ N/A

Is the dog wash attended?

☐ Yes ☐ No

How many tubs are available? _____

Are tubs in separate rooms?

☐ Yes ☐ No

Are there safety restraints in tubs?

☐ Yes ☐ No

Do you offer any professional grooming services?

☐ Yes ☐ No

Are grooming supplies offered to your customers?

☐ Yes ☐ No**Premium History**

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): _____ \$ _____ (Current Year)

Carrier(s): _____ \$ _____ (1st Prior Year)

Carrier(s): _____ \$ _____ (2nd Prior Year)

Work Comp☐ No Coverage Requested

Desired Limit of Insurance:

Insurer*: _____

Policy Number: _____

Effective Dates: _____

Policy Period: _____

Employers Liability (Coverage B) Limits offered:

\$1,000,000 - Bodily Injury by Accident

\$1,000,000 - Bodily Injury by Disease

\$1,000,000 - Bodily Disease Policy Limit

Clerical (only) Payroll - Annually \$ _____ (Clerical Duties Only)

Car Wash (only) Payroll - Annually \$ _____

Owner (only) Payroll - Annually \$ _____ (Only needed if included in Work Comp)

Prior Loss Information

Have there been any claims or losses in the last 5 years? ☐ Yes ☐ No

If Yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization.

Date of Occurrence	Date of Claim	Type of Claim & Description of Occurrence	Amount Paid	Amount Reserve	Claim Status
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed

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