



AUTO SERVICES QUESTIONNAIRE

1. **Named Insured:** _____ **Effective Date:** _____

Website: _____

2. **Operation(s)**

Annual gross sales

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Auto Body Shop | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Auto Parts Store | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Auto Repair- Muffler Shop | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Auto Repair- Auto Glass | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Auto Repair- Transmission | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Auto Repair- Upholstery | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Auto Specialty Shop* | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Car Washes- Automatic | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Quick Lube Shop | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Tire Dealer | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Other (describe) _____ | <input type="checkbox"/> _____ |

*Auto Specialty Shop includes installation of accessories like stereos, alarms, sunroofs, bed liners, etc.

- | | |
|--|--|
| <input type="checkbox"/> Fuel sales | <input type="checkbox"/> <u>Annual gallons sold</u> _____ |
| <input type="checkbox"/> Gas Stations - full serv | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Gas Stations - self & full serv | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Convenience store | <input type="checkbox"/> <u>Annual gross sales</u> _____ |

*Auto specialty includes installation of accessories like stereos, alarms, sunroofs, bed liners, etc.

3. **Complete for any exposures that exist**

a. **Auto Body Shop-**

Are spray booth and exhaust duct protected? If so, specify type (wet sprinkler, dry chemical AES, foam AES, etc) _____

Age of spray booth? _____

b. **Car Washes**

Are there any self-service bays? If so, specify number, and whether the premises is attended or unattended _____

c. **Tire Dealer**

Tire stock values at each location _____

Retread sales? _____ Retread operation? _____ Road side assistance? _____ Split-rim work? _____

d. Car Sales

of sets of dealer plates* _____ Estimated annual # of vehicles sold _____ Average # of "for sale" vehicles at each premises _____

*A set of plates is the number of plates required to legally operate an auto on public roads.

e. Towing

Number of tow trucks _____ Contract Towing? (police, municipal, highway authority, or auto club) _____ Dealer plate(s) used on tow trucks? _____

f. Gas Stations

Are pumps protected/barricaded with steel posts? _____ Convenience store? _____ 24-hour operation? _____

4. Do any that follow exposures exist? (explain all Yes answers in Comments section below)

	Yes	No
Truck, trailer, bus or RV repair?	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle, ATV, or watercraft repair?	<input type="checkbox"/>	<input type="checkbox"/>
Farm, construction or mobile equipment repair?	<input type="checkbox"/>	<input type="checkbox"/>
Speed/performance equipment installation?	<input type="checkbox"/>	<input type="checkbox"/>
Antique/Classic car restoration?	<input type="checkbox"/>	<input type="checkbox"/>
Truck body fab or veh conversion?	<input type="checkbox"/>	<input type="checkbox"/>
Truck stop?	<input type="checkbox"/>	<input type="checkbox"/>
Loaner cars?	<input type="checkbox"/>	<input type="checkbox"/>
Car rental?		
Truck rental or leasing?		
Own, sponsor or service/repair race cars?	<input type="checkbox"/>	<input type="checkbox"/>
Fuel hauling?	<input type="checkbox"/>	<input type="checkbox"/>
Snow plowing?	<input type="checkbox"/>	<input type="checkbox"/>
Dog(s) on premises?	<input type="checkbox"/>	<input type="checkbox"/>

5. General

Central station monitored burglar alarm? Yes ☐ No ☐

Central station monitored heat/smoke (fire) alarm? Yes ☐ No ☐

Security/surveillance cameras? Yes ☐ No ☐ (if yes, provide details in Comments section below)

Customers' keys locked at night? Yes ☐ No ☐ key drop box provided? Yes ☐ No ☐

Is business a franchisee? Yes ☐ No ☐ Name of franchisor _____

6. Comments: _____

