



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: _____
Active Security System: Yes No With Who & Type: _____
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: _____
Active Security System: Yes No With Who & Type: _____
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: _____
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

State or Federal Filings Needed? Yes No

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 - Hard copy from current carrier
(**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? 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)? _____

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

COPY OF CURRENT DECLARATION PAGE (POLICY) WOULD BE HELPFUL

Addition information to help us provide you the best possible quote