

INSURANCE SOLUTIONS AUTO SERVICE QUOTE SHEET

(TO BE USED FOR AUTO SERVICE SHOPS, REPAIR SHOPS, BODY SHOPS)
(RISK INELIGIBLE FOR COVERAGE IF THEY HAVE DEALER TAGS)

Agency Name _____

Named Insured _____ Individual _____ Partnership _____ Corp. _____ LLC _____

Address _____ City _____ St _____ Zip _____

FEIN # or Social Security Number _____ Phone # _____

Contact Name _____ Email Address _____

Years in business _____ if new or no current coverages years of experience _____

Description of operations: _____

Renewal Date: _____

Prior Carrier: _____ Premium _____

If this is a new venture or no prior insurance coverage, we need to know the owner's years of experience owning and operating this type of business

3 Year prior Losses_ (3 year company loss runs will be required in order to bind coverage) _____

Location Address: _____

Prot. Class _____ Const. Frame _____ J/M _____ NC _____ Mas N/C _____

Building Value _____ Contents Value _____

Property Deductible _____ Sprinklered Yes _____ No _____ Central Alarm yes _____ No _____

Square Footage of Building _____

Year Built (If over 20 years old need to know year the following were updated): _____

Roof Update _____ Electrical Update _____ Plumbing update _____ HVAC Update _____

What type of heating system is used _____?

Is the heating unit suspended from the ceiling in the repair area _____?

Liability Limit 500,000 _____ 1,000,000 _____ Annual Receipts _____ Annual Payroll _____

Full Time Employees _____ # Part time Employees _____

Garagekeepers Limit _____

(Total value of customer's vehicles in client's possession at one time)

Comp Deductible _____ Collision Deductible _____

If client has autos to be insured please complete Business Auto Quote Sheet

Are the premises fenced Yes _____ No _____ Any dogs on premises Yes _____ No _____

Exterior Sign Limit _____ Exterior Glass Limit _____