

# 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 \_\_\_\_\_