



Cal-Regent Insurance Services Corporation
 CA License No. OC64516 AZ License 167509
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GARAGE APPLICATION
CAR WASH Page 1

REQUESTED EFFECTIVE DATE: _____

PRODUCER'S INFORMATION- *THE BROKER'S IDENTIFYING INFORMATION*

Name of Agency: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ FAX: _____

Contact: _____ E-mail: _____

A. Have you personally inspected the insured's premises? YES NO

B. Do you control this account? YES NO

APPLICANT'S INFORMATION- *INFORMATION ABOUT THE INSURED*

IF THE INSURED IS AN INDIVIDUAL DBA, THEN FILL IN THE NAME BELOW:

Name: _____ DBA _____

OR, IF THE INSURED IS NOT A DBA, FILL IN THE NAME BELOW:

Corporate/LLC/Partnership Name: _____

Business Form: Corporation Partnership LLC LLP

Mailing Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Contact: _____

FAX: _____ E-MAIL: _____

DESCRIBE IN FULL DETAIL THE NATURE AND EXTENT OF INSURED'S CAR WASH :

PRIOR INSURANCE INFORMATION:

If No Prior Insurance, please check here: _____ **NO PRIOR INSURANCE**

If No Prior Insurance, please **EXPLAIN** why not previously insured: _____

IF PRIOR INSURANCE, FILL IN THE INFORMATION BELOW:

YEAR	CARRIER	POLICY NO.	LIMITS	PREMIUM

CLAIMS HISTORY- (INCLUDING ALL CLAIMS AND ALL *LOSSES, WHETHER COVERED BY INSURANCE OR NOT:*

Check here if No Claims OR LOSSES: _____

If any claims/LOSSES describe below. USE ADDITIONAL SHEET IF NECESSARY!

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID/ RESERVED

PROVIDE ALL ADDITIONAL INFORMATION REGARDING EACH CLAIM THAT YOU WANT CONSIDERED:

BUSINESS OPERATION INFORMATION:

PLEASE HAVE INSURED ANSWER ALL QUESTIONS:

1. A. HOW MANY YEARS HAS THE INSURED BEEN IN THE CURRENT BUSINESS? _____ YEARS

B. HOW MANY YEARS HAS THE INSURED BEEN AT THE CURRENT LOCATION? _____ YEARS

2. HOW MANY YEARS EXPERIENCE DOES MANAGEMENT HAVE OPERATING A CAR WASH? _____ YEARS

STATE THE NATURE OF PRIOR EXPERIENCE: _____

3. DOES THE INSURED OBTAIN MVR'S ON ALL DRIVERS BEFORE HIRING? ___ YES ___ NO

IF "YES", HOW OFTEN ARE THE MVR'S UPDATED? _____

4. DOES THE INSURED HAVE A TRAINING PROGRAM FOR NEW HIRES? (PROVIDE A COPY) ___ YES ___ NO

5. DOES THE INSURED HAVE A SAFETY PROGRAM IN PLACE? (PROVIDE A COPY) ___ YES ___ NO

6. DOES THE INSURED STORE VEHICLES OVERNIGHT? ___ YES ___ NO

A. IF YES, WHERE ARE THE VEHICLES STORED: _____

1. IS THE STORAGE AREA FULLY FENCED? ___ YES ___ NO

B. ARE KEYS REMOVED FROM VEHICLES AND VEHICLES LOCKED? ___ YES ___ NO

C. IF YES, DESCRIBE SECURITY PRECAUTIONS TAKEN TO PROTECT THE VEHICLES:

7. DOES THE APPLICANT KEEP ACCIDENT RECORDS? ___ YES ___ NO

A. IF "YES", DOES APPLICANT REVIEW ACCIDENTS WITH THE DRIVER? ___ YES ___ NO

8. DOES THE INSURED CARRY WORKERS' COMPENSATION INSURANCE? ___ YES ___ NO

9. DOES THE INSURED ALLOW PERSONAL USE OF CUSTOMER'S CARS BY ANYONE? ___ YES ___ NO

BUSINESS OPERATION INFORMATION- (Continued)

PLEASE HAVE INSURED ANSWER ALL QUESTIONS:

11. DOES THE INSURED PICK UP OR DELIVER CUSTOMER'S CARS?	___ YES	___ NO
12. IS THE BUSINESS OWNER OR ANY EMPLOYEE UNDER AGE 21? IF "YES": WE CAN NOT INSURE ANYONE UNDER AGE 21!!!!	___ YES	___ NO
13. IS THE INSURED ENGAGED IN ANY OTHER BUSINESS? IF "YES": A. STATE THE NAME OF THE BUSINESS? _____ B. STATE THE TYPE OF BUSINESS: _____	___ YES	___ NO
14. DOES THE INSURED BUSINESS OWNER AND MANAGER SPEAK AND READ ENGLISH?	___ YES	___ NO
15. ARE THERE UNDERGROUND TANKS ON THE INSURED'S PREMISES?	___ YES	___ NO

16. PROVIDE FULL DESCRIPTION OF TYPES OF VEHICLES WASHED:

WE DO NOT INSURE RISKS THAT WASH VEHICLES OVER 18,000 LBS. GVW OR SEMI-TRUCKS!!

What is the average value of the vehicles being washed? \$ _____

Does the insured specialize in a particular make or model of cars to be washed? ___ YES ___ NO

If "YES", make or model? _____

List the percentage of type of vehicles being washed below:

Autos ___% Light trucks ___% Medium trucks ___% Motor Homes ___% Motorcycles ___%

17. DOES THE INSURED HAVE A STORE OR MINI MART ON THE PREMISES?	___ YES	___ NO
18. DOES THE INSURED SELL GASOLINE ON THE PREMISES?	___ YES	___ NO

LOCATION NO.: _____

LIABILITY COVERAGES REQUESTED - Please state all applicable coverage and limits requested:

COVERAGES REQUESTED	LIMITS OF LIABILITY	DEDUCTIBLE
<p>GARAGE LIABILITY (SYMBOL 30)</p> <p>BROADENED LIABILITY COVERAGE? ___ YES</p> <p><u>OR</u></p> <p>PERSONAL INJURY COVERAGE? ___ YES</p>	<p>___ \$100,000 CSL without Aggregate</p> <p>___ \$100,000 CSL with Aggregate \$200,000</p> <p>___ \$100,000 CSL with Aggregate \$300,000</p> <p>___ \$300,000 CSL without Aggregate</p> <p>___ \$300,000 CSL with Aggregate \$600,000</p> <p>___ \$300,000 CSL with Aggregate \$900,000</p> <p>___ \$500,000 CSL without Aggregate</p> <p>___ \$500,000 CSL with Aggregate \$1 Million</p> <p>___ \$500,000 CSL with Aggregate \$1.5 Million</p> <p>___ \$1 Million CSL without Aggregate</p> <p>___ \$1 Million CSL with Aggregate \$2 Million</p>	<p>___ NONE</p> <p>___ \$1,000</p> <p>___ \$2,500</p>
<p>GARAGE KEEPERS LEGAL LIABILITY (SYMBOL 30)</p>	<p>\$ _____ Legal Form ONLY</p>	<p>___ \$1,000</p> <p>___ \$2,500</p>
<p>FIRE LEGAL</p>	<p>\$ _____</p>	
<p>MEDICAL PAY (PREMISES, AUTO OR COMBINED?)</p>	<p>___ \$1,000 ___ \$2,000 ___ \$5,000</p> <p>___ PREMISES ___ AUTO ___ COMBINED AUTO/ PREMISES</p>	
<p>FIRE LEGAL LIABILITY</p>	<p>\$ _____ (Not necessary if obtaining Building Coverage)</p>	
<p>ADDITIONAL INSURED</p> <p>(IF NEEDED, USE SEPARATE SHEET)</p>	<p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY _____ STATE: _____ ZIP _____</p> <p>Choose one:</p> <p>___ Franchisor ___ Landlord ___ Bank/Lender</p> <p>___ OTHER -Please explain: _____</p>	

LOCATION NO.: _____

PROPERTY COVERAGE- State all applicable coverage and limits that the insured is requesting:

COVERAGE	LIMITS	CAUSE OF LOSS	DEDUCTIBLE
Building (90% Coinsurance)	\$ _____	___ Special ___ Basic	___ \$ 500 ___ \$1,000 ___ \$2,500
Contents (90% Coinsurance) <i>(Special Form with THEFT requires Central Station Alarm)</i>	\$ _____	___ Special ___ Basic ___ Special not including theft	___ \$500 ___ \$1,000 ___ \$2,500
Loss of Earnings <i>(25% Form)</i>	\$ _____	___ With Extra Expense	
Outdoor Signs (\$500 Deductible)	\$ _____	Constructed entirely of metal? ___ YES ___ NO	

RATING INFORMATION- MUST PROVIDE THE FOLLOWING INFORMATION:

1. CONSTRUCTION TYPE OF BUILDING: ___ Frame ___ Non-combustible ___ Joisted Masonry ___ Fire resistive
(Choose only one)
___ Masonry Non-combustible ___ Mod. fire resistive

2. **SQUARE FOOTAGE OF BUILDING:** _____ Square feet

3. YEAR THE BUILDING WAS CONSTRUCTED: _____

4. Is there an operating central station reporting burglar alarm? ___ YES ___ NO

5. Are there any large cracks or potholes in the pavement? ___ YES ___ NO

6. Are there any open or obvious slip and fall hazards? ___ YES ___ NO

7. Are there any fire hazards such as gas pumps, open fuel containers, oily rags, paints, etc.? ___ YES ___ NO

8. Are there operable fire extinguishers mounted and easily accessible? ___ YES ___ NO

9. Is the building sprinklered? ___ YES ___ NO

10. Is the wiring in the building up to code? ___ YES ___ NO

11. Describe the neighborhood: ___ Good ___ Fair ___ Poor ___ Improving

12. Describe the condition of the premises: ___ Good ___ Fair ___ Poor ___ Improving

SCHEDULED VEHICLES

**Describe each vehicle; state all applicable coverage and limits requested.
FOR ADDITIONAL VEHICLES, DUPLICATE THIS FORM AS NEEDED!**

VEHICLE NO. 1

Year _____	Make _____	Model _____	VIN _____ License No. _____
Radius _____	Garaged at Location #__	Body Type _____	<u>STATED VALUE:</u> \$ _____
COVERAGE	____ LIABILITY (Limit will be same as Garage Liability limits and deductible)	____ PHYS. DAMAGE Deductible: ____ \$1,000 ____ \$500	____ UM Bodily Injury: ____ \$30,000 ____ \$60,000 ____ Med Pay: ____ \$1,000 ____ \$2,000 ____ \$5,000

VEHICLE NO. 2

Year _____	Make _____	Model _____	VIN _____ License No. _____
Radius _____	Garaged at Location #__	Body Type _____	<u>STATED VALUE:</u> \$ _____
COVERAGE	____ LIABILITY (Limit will be same as Garage Liability limits and deductible)	____ PHYS. DAMAGE Deductible: ____ \$1,000 ____ \$500	____ UM Bodily Injury: ____ \$30,000 ____ \$60,000 ____ Med Pay: ____ \$1,000 ____ \$2,000 ____ \$5,000

VEHICLE NO. 3

Year _____	Make _____	Model _____	VIN _____ License No. _____
Radius _____	Garaged at Location #__	Body Type _____	<u>STATED VALUE:</u> \$ _____
COVERAGE	____ LIABILITY (Limit will be same as Garage Liability limits and deductible)	____ PHYS. DAMAGE Deductible: ____ \$1,000 ____ \$500	____ UM Bodily Injury: ____ \$30,000 ____ \$60,000 ____ Med Pay: ____ \$1,000 ____ \$2,000 ____ \$5,000

Visit us at www.cal-regent.com !

INSURED'S AGREEMENT- Must be read and understood by the Insured before signing!

1. I understand that absolutely no insurance coverage of any kind whatsoever is being applied for other than the insurance coverage I have requested in this application. I also understand that absolutely NO INSURANCE coverage is effective until such insurance coverage is accepted and bound by the insurance company and payment is made for such insurance.
2. I warrant that all of the information provided by me and my insurance broker is true and correct. I also understand that if any of the information provided in this application is not true, then any and all insurance coverage will be void from the effective date of the insurance coverage.
3. I also understand that if any of the information provided to the insurance company in this application turns out to be not true, my insurance policy may be canceled at any time at the option of the insurance company.
4. If I have applied for Business Personal Property Coverage, I understand that unless I have an activated central station alarm, then I will NOT have coverage for the theft of any and all of my Business Personal Property.
5. **I have read and understood this entire application. I read and understand English.**

NOTE: My signature authorizes any all of my prior insurance companies to RELEASE any and all of my prior insurance and claims information to Cal-Regent Insurance Services Corporation upon presentation of a copy of this Agreement.

Applicant's Signature _____

Date _____

Print Name _____

Title _____

BROKER'S AGREEMENT

1. I warrant that all of the information contained in this application was obtained from the insured after I asked the insured for the information.
2. I understand that unsigned applications will be refused for binding and no coverage will be in force.
3. I understand that coverage is not bound until such time as I receive written confirmation of binding and a policy number from Cal-Regent Insurance Services Corporation.

Broker's Signature _____

Date _____

UNINSURED MOTORIST REJECTION/ SELECTION AGREEMENT-Must be read, understood and signed by Insured!

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. **Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name.** Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code."

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. **Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements.** Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

Accordingly: ___ I completely REJECT and delete Uninsured / Underinsured Motorist Coverage entirely.

___ I select Uninsured / Underinsured Motorist Coverage in the amount of: ___ \$15,000/ 30,000 ___ \$60,000

I have read and understood this Uninsured Motorist Rejection/Selection Agreement.

Applicant's Signature: _____

Date _____