

Combined Application

Basic Information

Full Name of Company <i>(include whether you are Inc., LLC, etc.)</i>	
Contact Info	Name: Phone Number: Email:
Federal ID #	
ATI Coaches Name	
Location Address(s) – <i>please use another page if more locations</i>	1 2 3
Mailing Address (if different)	
As of the most recent fiscal year-end, please approximate:	
Total Annual Revenue	
Number of employees	Full Time: Part Time: Sub Contractors:
Number of employees by type	Mechanics/Service Technicians: Counter Employees: Office/Clerical (NO sales): Sales Only:

Loss / Claims Information

Have you had any losses or claims over the last 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide brief details of each claim	*Quote may be subject to favorable loss runs

Commercial Property & General Liability Insurance

If you have multiple locations, please complete this for each location.

Landlord / Management Company Contact Name:	
Landlord / Management Company Phone and/or Email:	
Place a check by the construction type of the Building	
Frame & Brick Veneer – (Wood or mostly wood structural wall supports, and roof support members are wood; usually no more than two stories in height)	<input type="checkbox"/>
Joisted Masonry – (Brick, block, concrete load bearing walls; roof supports are wood)	<input type="checkbox"/>
Non-Combustible – (Metal structural wall and roof supports; no wood roof decking or wood siding; often referred to as a “butler barn”)	<input type="checkbox"/>
Masonry Non-Combustible – (Masonry load bearing walls and unprotected steel roof supports; flat roofs)	<input type="checkbox"/>
Fire Resistive – (Masonry steel load bearing walls and roof supports; steel is fire resistive)	<input type="checkbox"/>
Number of Stories (do NOT include basements)	
Number of Basements (if any)	
Year the Building was Built	
If building is over 30 years old, please provide year the following improvements were completed	
Wiring	
Roofing	
Plumbing	
HVAC	
Square Footage of Entire Building	
Square Footage of Your Office/Facility	
Is there a Burglar Alarm??	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, who services the alarm system?	Central Station – SimpliSafe
Is the building Sprinklered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, what percentage of your space is sprinklered?	%
Are there currently serviced, charged & operable fire extinguishers on premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there ‘No Smoking’ signs posted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a Fire Alarm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Estimate the distance to the fire hydrant	
Estimate the distance to the nearest fire station	
Is your location open to the public?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you share a premise with any other occupants?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you have an established store front?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have bulk storage of new or used tires?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Estimate your Business Personal Property Limit (Contents such as equipment, tables, chairs, etc.)	
Shop Tool Equipment Replacement Cost Value	\$.
Employee Tool Equipment Replacement Cost Value	\$
Improvements & Betterments Limit (Condominium Build-Out; to restore unit from the studs-in back to what it was before a Covered Cause of Loss or any improvements made to your space if leased)	\$
Building Limit (If you own the condo/ building and building coverage is needed)	\$
Hours of Operation: <input type="checkbox"/> No later than 10 PM <input type="checkbox"/> No later than Midnight <input type="checkbox"/> No later than 2 AM <input type="checkbox"/> Past 2 AM <input type="checkbox"/> 24 Hours	
Are operations subcontracted or are independent contractors used for service, maintenance or repair work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, which operations are subcontracted out?	
Gas Sales: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, gallons of gasoline sold annually:	
Disposal of hazardous waste in accordance with all local, state and federal guidelines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any above or underground storage tanks?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how many tanks do you have? Waste Oil (above) How many gallons do the tanks hold? 600 gallons – 19 th / 400 gallons @ Powell	
Machinery or equipment loaned or rented to others?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sporting or social events sponsored?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Auto Repair/Collision Garage Keepers Repair Shop Specific Questions

Please describe type of mechanic certification (e.g. ASE certified):	
Describe key control procedures (i.e. lock box, keys left in vehicle, etc.): Gated Driveway, Wrought Iron Gate / Key Controlled, All Cars are brought inside, keys on windshield	
Do you have a formalized training program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list Professional Associations to which you belong:	
Please indicate which types of vehicles you service	
Private Passenger – Please include Percentage of Total Revenues – 100%	<input type="checkbox"/> <input type="checkbox"/>
Light Trucks – Please include Percentage of Total Revenues	<input type="checkbox"/> <input type="checkbox"/>
Medium Trucks – Please include Percentage of Total Revenues	<input type="checkbox"/> <input type="checkbox"/>
Large Trucks – Please include Percentage of Total Revenues	<input type="checkbox"/> <input type="checkbox"/>
Do you have any Dealer or Transportation Tags? <i>If yes, please list tag numbers.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you sell autos? If so how many a year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you operate as an Auto Auction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you conduct any operations other than General Automotive Repair or Body Repair? (i.e. Tire Retreading, Sponsoring or Working on Race Cars, High Performance Modifications, etc.) If so, please list the operations conducted.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you provide any 24 Hour <u>Contracted</u> Towing? (i.e. Towing for Towns, Municipalities, AAA, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
On Average, how many customers vehicles will you be in the care, custody and control over at any 1 time (i.e. parked on your premises) or what is the Garagekeepers limit desired?	\$.00

Commercial Auto

Please attach your vehicle and driver schedules.

- For Vehicles we will need year, make, model and FULL VIN
- For Drivers include Full Name, Date of Birth, State License was Issued, and Driver's License Number

Are all test drives accompanied by an employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any overnight test drives allowed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you obtain proof of Auto Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you verify the validity of all driver licenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a vehicle maintenance program in operation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any vehicles used by family members?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you obtain MVR (Motor Vehicle Record) Verifications?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any drivers with convictions for moving traffic violations?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Workers' Compensation

Check here if you ***DO NOT*** want quotes on this ☐

Estimated Total Annual Payroll: \$	
Do you want to exclude yourself from coverage?*	<input type="checkbox"/> YES <input type="checkbox"/> NO

Pollution / Storage Tanks

Do you have any Above Ground or Underground Storage Tanks on Premises:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Warranty / Fraud Statement

<u>Applicable in AL, AR, DC, LA, MD, NM, RI and WV</u>
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.
<u>Applicable in CO</u>
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<u>Applicable in FL and OK</u>
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.
<u>Applicable in KS</u>
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.
<u>Applicable in KY, NY, OH and PA</u>
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.
<u>Applicable in ME, TN, VA and WA</u>
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.
<u>Applicable in NJ</u>
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<u>Applicable in OR</u>

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured

APPLICANT'S SIGNATURE:

DATE: