



Auto Repair and Service Application

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INSTRUCTIONS:
1. ALL QUESTIONS MUST BE ANSWERED IN FULL. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
2. MVR'S MUST BE SUBMITTED ON ALL OWNERS AND EMPLOYEES.

Producer: _____ Phone _____
Address: _____ Fax _____
_____ E-Mail _____

Applicant Name _____
Business Name (DBA) _____
Mailing Address _____

Individual Partnership Joint Venture Corporation Limited Liability Corporation Other

Garage Location _____

Garage Location #2 _____

Inspection Contact _____ Phone _____

Requested Effective Date _____ Expiration Date: _____ 12:01 AM

Years in Business at this location _____ Years of Experience in this business _____

Nature of Business

Auto Repair Shop Body Shop Smog Inspection Tire Store Other

Full Description of Operations:

Prior Carrier / Loss Information

Prior Carrier (Last Three Years) - If no prior complete New business Supplement and check here

Year	Insurance Company	Premium	Date of Loss	Total Paid & Reserved	Status: Open or Closed

During the past three years, has any insurance company ever canceled, declined or refused to issue any similar insurance? Yes No

Explain all YES answers above _____

Owners, Partners, Employee and Non-Employee Information

You Must Complete the following Information for ALL Owners, Partners,
Drivers, Employees and any working household members

Full Name and Driver's License Number and State	Date of Birth	Violations and Accidents Last three years	Hours Worked	Employee Status	Auto Use	Exclude

For Additional Drivers – Please use a separate Sheet

Status Options

EMPLOYEE STATUS OPTIONS

1. Active Owner, Partner or Officer
2. Inactive Owner, Partner or Officer
3. Mechanic
4. Painter or Helper
5. Clerical
6. Spouse of Owner, Partner or Officer

HOURS WORKED OPTIONS

- F=Full Time (Over 20 hours per week)
P=Part Time (20 hours or less per week)

N=Non-Employee

AUTO USE OPTIONS

- 1=Does Test Driving
2=Does Not Do Test Driving

Underwriting Information for Service and Repair

DO YOU:		YES	NO	DO YOU:		YES	NO
1	Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	12	Any animals kept on premises?	<input type="checkbox"/>	<input type="checkbox"/>
2	Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	13	Own or operate tank trucks?	<input type="checkbox"/>	<input type="checkbox"/>
3	Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	14	Have underground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>
4	Sponsor and driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	15	Sell or distribute butane, propane or other liquefied gas?	<input type="checkbox"/>	<input type="checkbox"/>
5	Sell any used parts?	<input type="checkbox"/>	<input type="checkbox"/>	16	Rent, lease or loan vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
6	Engage in auto dismantling or salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	17	Engage in split rim work?	<input type="checkbox"/>	<input type="checkbox"/>
7	Conduct structural alterations or frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	18	Tow truck service for hire	<input type="checkbox"/>	<input type="checkbox"/>
8	Modify vehicles for performance style or handling characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	19	Storage / Impound lot?	<input type="checkbox"/>	<input type="checkbox"/>
9	Install or repair trailer hitches?	<input type="checkbox"/>	<input type="checkbox"/>	20	All ignition keys removed from vehicles when unattended or not in use?	<input type="checkbox"/>	<input type="checkbox"/>
10	Repossess vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	21	Work on Motorcycles, ATV's etc.?	<input type="checkbox"/>	<input type="checkbox"/>
11	Have any security guards?	<input type="checkbox"/>	<input type="checkbox"/>	22	Work on Boats, Jet-skis or watercraft?	<input type="checkbox"/>	<input type="checkbox"/>

23	Work on Farm or Heavy Equipment?	<input type="checkbox"/>	<input type="checkbox"/>	26	Work on mobile-homes, motor-homes or other recreational vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
24	Work on classic autos, antique autos?	<input type="checkbox"/>	<input type="checkbox"/>	27	Any Valet Service?	<input type="checkbox"/>	<input type="checkbox"/>
25	Work on vehicles where the frame or body is unattended or not in use?	<input type="checkbox"/>	<input type="checkbox"/>	28	Any work on trucks with more than two axles?	<input type="checkbox"/>	<input type="checkbox"/>

Explain any yes answers:

Please Indicate the Percentage of the following Operations (Indicate 0% if none)

Auto Alarm, Navigational or Stereo Systems	%	Body Painting or Repair	%
Auto Maintenance or Repair	%	Auto Dismantling or Salvage Yards	%
Car Wash / Detailing	%	Brake Work	%
Kit Cars or Other Auto Manufacturing	%	Frame or Unibody Straightening	%
Tire Dealer (NEW)	%	Oil / Lube Service	%
Tire Dealer (USED)	%	Window Tinting	%
Upholstery	%	Smog Testing	%
RV or ATV Maintenance or Repair	%	Engine Rebuilding	%

What are the total annual gross Receipts from the operation? \$ _____

Premises Information

1. Is the premise equipped with actively engaged Central Burglar Alarm System?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are there any large cracks or potholes in the pavement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are there any fire hazards such as gas pumps, open fuel containers, paints etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are there operable fire extinguishers mounted and easily accessible?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is the building 100% sprinklered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Type of electrical wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum Up to code?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Describe the condition of the premise(s) <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Improving	
8. Type of Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Metal/Steel <input type="checkbox"/> Other Non-combustible	
9. Year Built: _____ Year Updated: _____ Wiring: _____ Plumbing: _____ Roofing: _____ HVAC: _____	
10. Total Area: _____ Sq. Ft.	11. Number of Stories _____
12. Protection Class: _____	13. Fire District: _____
14. Approved Spray Booth? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Customer's Cars Information

1. Approximately how many customers cars are on the premises at any given time?
2. What is the average value of the customers cars: \$ _____

GARAGE LIABILITY REQUESTED LIMITS AND OPTIONS

Garage Liability Covered Auto Symbol: Symbol 29 Non-Owned "Autos" Used In Your Garage Business	<u>PD DEDUCTIBLE</u> <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	<u>LIMITS OF LIABILITY</u> <input type="checkbox"/> 300,000 CSL <input type="checkbox"/> 1X Aggregate <input type="checkbox"/> 2X Aggregate <input type="checkbox"/> 500,000 CSL <input type="checkbox"/> 1X Aggregate <input type="checkbox"/> 2X Aggregate <input type="checkbox"/> 1,000,000 CSL <input type="checkbox"/> 1X Aggregate <input type="checkbox"/> 2X Aggregate
<input type="checkbox"/> Medical Payments	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$ 5,000	
<input type="checkbox"/> Personal Injury Liability	SAME LIMITS AS LIABILITY (NOT needed if Broadened Coverage is selected)	
<input type="checkbox"/> Broadened Coverage Garage	INCLUDES: Personal Injury, Advertising Injury, Host Liquor Liability, Incidental Medical Malpractice, Non-Owned Watercraft, Additional Persons Insured, Automatic Liability (Newly Acquired Businesses) And \$50,000 Fire Legal Liability Coverage (Refer To Policy For Policy Conditions, Definitions, and Limits)	
<input type="checkbox"/> Fire Legal Liability	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$ 100,000	
<input type="checkbox"/> Owner of Premises - Additional Insured	LIMITS ARE THE SAME AS SELECTED FOR LIABILITY COVERAGE <input type="checkbox"/> Landlord <input type="checkbox"/> Other: _____ Name: _____ Address: _____ City, State, Zip: _____	
<input type="checkbox"/> Broad Form Products	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Coverage	Perils	Location and Limit	Deductible
Garagekeepers Symbol 30 <input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT PRIMARY	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION	1. \$ _____ 2. \$ _____	<input type="checkbox"/> \$250 per car, \$1000 per loss <input type="checkbox"/> \$500 per car, \$2,500 per loss <input type="checkbox"/> \$1000 per car, \$5,000 per loss

Property Coverage				
Coverage	Co-Ins	Limits	Causes of Loss	Deductible
Building Coverage	<input type="checkbox"/> 90%		<input type="checkbox"/> Basic <input type="checkbox"/> Special Excluding Theft <input type="checkbox"/> Special Including Theft	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
Business Personal Property	<input type="checkbox"/>		<input type="checkbox"/> Basic <input type="checkbox"/> Special Excluding Theft <input type="checkbox"/> Special Including Theft	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
Business Income	<input type="checkbox"/> ¼ Monthly		<input type="checkbox"/> With Extra Expense <input type="checkbox"/> Without Extra Expense	
Outdoor Signs				
Other:				

Special Form Including theft requires a Fully operational Central Station Alarm System

AGREEMENTS SECTION

INSPECTION FEE

A fully earned Inspection fee of \$100 is charged per location for the purpose of having the insurance company arrange loss control evaluation. This fee is applicable to new policies and renewals at the discretion of the underwriter and is in effect until revoked in writing. By signing below you are agreeing to this fee.

POLICY FEE

A fully earned Policy fee of \$175 is charged to offset the cost of producing and delivering the policy. The Fee also offsets the cost of any endorsements adding or deleting coverages or conditions with the exception of Non-Payment Reinstatements which have their own fee. Each year a new policy is required. By signing below you are agreeing to this fee.

NON-PAYMENT REINSTATEMENT FEE

A fully earned fee of \$25 is charged to offset the cost of reinstatement procedures. By signing below you are agreeing to this fee

NOTICE OF NO COVERAGE FOR POLLUTION

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.

APPLICATION AGREEMENTS

I (the insured as shown) have reviewed all five pages of this application and confirm that the coverages and limits selected are the only ones I want to purchase. I understand that no coverage will be afforded with this application except those coverages specifically checked on this application. I agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I warrant that all information on this entire application is true and correct and that any incorrect information may void all coverages from the effective date. I further agree to notify the company in writing of all new employees and independent contractors within 10 days of hiring. I understand that failure to report all employees and independent contractors whether or not they drive autos can result in cancellation of the policy, voided coverage, denial of a claim or increase in premium.

I understand that an offer of insurance and premium quoted is based upon the prior loss history as represented in this application. If it is determined that the prior loss history is not as indicated in this application, the policy may be void, subject to cancellation, or an increase in premium.

I AUTHORIZE ANY PRIOR INSURANCE COMPANY TO RELEASE ALL OF MY CLAIMS AND UNDERWRITING INFORMATION DIRECTLY TO CRES INSURANCE SERVICES, LLC.

APPLICANTS SIGNATURE: _____ DATE: _____

BROKERS SIGNATURE: _____ DATE: _____

CRES Risk Management Program

Enrollee:	Effective Date:
DBA:	Expiration Date:

Garage and Dealers

As a customer of CRES, your office is entitled to join the CRES Risk Management Plan (“The Plan”). The fee is \$25 per account or ownership entity each year. This is written in conjunction with our Property and Casualty product and may not be written as a stand alone service.

The services are provided as bundles. Refer to your enrollment document to determine to which services may access.

The Plan has arranged litigation attorneys to provide for legal services free of charge, up to the maximum benefit stated in the Plan Member’s enrollment document. As a member of the plan, Members and Member Affiliates (with consent of the Member) may access the following services:

BENEFITS

1. Phone Consultations

Members can consult with the Law Firm(s) toll-free on any matter related to a transaction where the Member serves in professional capacity. General matters, such as the use of boilerplate forms or disclosures qualify under the plan. This is intended to assist the member with his or her Garage related Business only.

Phone Consultations are limited to one half hour of attorney time per matter. A Member may call on up to 10 matters per location per year. The Plan may designate counsel of its choice to provide this service to the Plan Member.

2. Contract and Document Review

Members can fax or mail documents to the Law Firm for review and comment on any matter related to a business transaction where the Member serves in professional capacity. General matters, such as review of boilerplate forms or disclosures qualify under the plan. This is intended to assist the member with his or her Garage related Business only.

Document review is limited to one half hour of attorney time per matter. A Member may call on up to 10 matters per location. The Plan may designate counsel of its choice to provide this service.

3. Website

Members have access to the “Members Only” section of the CRES website. This section contains sample letters, updated contracts, specific disclosures, and other risk management tools.

4. Attorney Letters

Attorneys will write letters on a Plan Member’s behalf in connection with any Garage Business matter not otherwise excluded by this document. The Plan may designate counsel of its choice to provide this service. The plan affords up to 5 letters per location per year.

5. Case Alerts

As new case and statutory law goes into effect, we will notify Members through the use of email updates or through the Members Only section of the website.

6. Sample Documents

The Law Firm will draft documents, such as releases, or supplements to the purchase contract on behalf of Members and Member Affiliates.

EXCLUSIONS

There are no plan benefits under any section of this Plan Document available for any claim, in whole or in part:

- A. Arising out of any:
 - 1. Dishonest, fraudulent, criminal or malicious act or omission;
 - 2. Deliberate misrepresentation;
 - 3. Actual or alleged violations of state or federal anti-trust, price-fixing, restraint of trade or deceptive trade practice laws, rules or regulations;
- B. Based on or arising out of any disputes involving any Plan Member's fees or charges. Charges include premium, tax, or commission. Any claim of conversion, misappropriation, commingling or defalcation of funds or other property is not covered.
- C. To any Plan Member as an employee, owner, partner, stockholder, director or officer of any sole proprietorship, partnership or corporation or other business enterprise not identified in the enrollment certificate.
- D. Arising out of discrimination based on age, sex, race, religion, marital status, national origin or sexual preference.
- E. Arising out of any obligations for which the Plan Member or any carrier acting as his or her insurer may be liable under any Workers' compensation, unemployment compensation law, disability or pension benefits law, or any similar laws, or any claim arising from the Employee Retirement Income Security Act of 1974 and any amendments thereof.

- F. Arising out of the sale or purchase of insurance, or the failure to effect or maintain proper levels or types of insurance. Liability assumed by the Plan Member under any contract or agreement, including any warranty, is also excluded
- G. Involving real property in which one or more Plan Members holds at least 25% interest.
- H. Personal Injury based on publications or utterances related to advertising, broadcasting or telecasting activities by or on behalf of the Named Plan Member.
- I. Arising from the valuation of a business in conjunction with any property that is sold.
- J. Resulting for actual or alleged infringement or violation of patent, copyright, trade dress, trademark and other intellectual property right.
- K. From liability for damages to any person arising out of any refusal to employ, termination of employment, or other employment-related practices, policies, acts or omissions.
- L. Court costs, fees, and premiums on bonds to release attachment or undertakings, or any sum owed by or on behalf of the Plan Member because of legal liability to any claimant

AGREEMENT

This Service Agreement or Risk Management Plan is restricted to the classifications or operations shown in the Property and Casualty Commercial Auto Liability Policy this agreement was issued with and shown above. It includes any operations necessary or incidental to those classifications or operations shown on the Declarations Page of that policy.

It also Includes and is restricted to the ownership, maintenance or use of the premises shown above and operations necessary or incidental to those premises.