



Leo
Risk Services

Liability Full Service Car Wash Insurance Application



GENERAL INFORMATION

Contact Name _____ Date _____

First Named Insured _____ Effective Date _____

Mail Address: _____ City _____ County _____ State _____ Zip _____

Location Address: _____ City _____ County _____ State _____ Zip _____

Telephone #: _____ Fax #: _____ Email Address: _____

___ Individual ___ Partnership ___ Corporation ___ LLC ___ Other (specify) _____

Interest: ___ Owner ___ Tenant What percentage of building is owner occupied? 100%___ 75-99%___ less than 75%___

Number of years in Car Wash Business _____ If less than 3 years provide prior business experience _____

Does named insured have ownership interest in any other business? If yes, describe operation, name,relationship,percentage of ownership, location address for other business. _____

CARRIER & PREMIUM INFORMATION

Prior 3 years Policy Dates	Name of Insurance Company	Premium
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____

ENTER ALL CLAIMS AND OCCURRENCES FOR THE PRIOR 3 YEARS

Attach Loss Run / History

Date of Occurrence	Type/Description Occurrence or Claim	Date of Claim	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UNDERWRITING AND COVERAGE INFORMATION

Full Service [Conveyor Tunnel - Employee takes control of vehicle] Number of Full Serve Conveyor Tunnels: _____
Type: Touchless ___ Brush ___ Soft Cloth ___ Combination _____

Hours of Operation: _____ Number of Employees: _____ Do you have workers' Compensation? Yes No

Other Profit Centers [indicate those applicable] Specify if Owner Operated (O) or Tenant Operated (T)

- ___ Detailing (# of vehicle detailed per month) _____
- ___ Vehicle repair ___ Lube ___ Windshield ___ Emissions
- ___ Auto Sales ___ Lease/Rental ___ Towing
- ___ Mini Storage ___ Convenience Store
- ___ Food Service (Describe) _____
- ___ Dog Wash ___ Gas Sales
- ___ Other (Describe) _____

Annual Car Wash Revenue \$ _____ Other Profit Centers Annual Revenue \$ _____

Number of vehicle washed per month _____ Maximum number of customer vehicles in your control at one time: _____

Are vehicles kept overnight? Yes No Average value customer vehicle \$ _____

Who is allowed to move/drive customers' vehicles? _____

Do designated drivers wear special clothing to clearly distinguish them from non-drivers? Yes No

Are handicapped-equipped vehicles operated by managers only? Yes No Are customers allowed in wash area? Yes No

Explain procedure for releasing vehicle back to customer _____

Pick Up and Delivery [Complete this section if the operation will provide this service]

Does this service include: Autos Individuals Radius of pick-up and delivery: _____

Driver Information [List employees whose duties include auto pickup and delivery] *PLEASE PRINT CLEARLY*

Employee Name	Title	Date of Birth	Driver's License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Lube & Oil Facility [Complete this section if the operation will provide this service]

Have all employees attended a training program? Yes No Are customers allowed in the garage area? Yes No

Is all work double checked by a manager or another employee before vehicle is released to the customer? Yes No

Other comments which may indicate this risk is above average and/or demonstrate above average security measures: _____

ADDITIONAL INFORMATION OR REMARKS

Application completed by: _____ If Agent/Broker, Name of Agency _____

Agent's signature: _____ Mailing Address _____

Phone: _____

Fax: _____

Email: _____

Insured's Signature

Insured's Title

Date

NOTICE OF INSURANCE INFORMATION PRACTICES – Personal information about you, including information from a credit report may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us. ACORD 125 (2005/06)

This application does not bind the applicant, the company, or the agent to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.