



S&H Underwriters, Inc.

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AUTOMOBILE DISMANTLERS SUPPLEMENTAL APPLICATION

(To be attached to ACORD applications)

Date of Application: _____

NAME OF APPLICANT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Website: _____ Proposed Effective Date: _____

OPERATIONS

1. Please check below all services provided including percentage of revenue where indicated.

<input type="checkbox"/> Used parts _____ %	<input type="checkbox"/> New auto parts _____ %	<input type="checkbox"/> Dealer plates - # of: ____	<input type="checkbox"/> U-Pull-It _____ %
<input type="checkbox"/> Auto body work _____ %	<input type="checkbox"/> Used car sales _____ %	<input type="checkbox"/> Impound lot operations	<input type="checkbox"/> Engine rebuilding _____ %
<input type="checkbox"/> Towing for others including roadside recovery _____ %	<input type="checkbox"/> Auto repair, installation, service of parts _____ %	<input type="checkbox"/> Tire service or mounting _____ %	<input type="checkbox"/> Windshield replacement/repair _____ %
<input type="checkbox"/> Car crushing by own equipment _____ %	<input type="checkbox"/> Car crushing contracted to others	<input type="checkbox"/> Own/sponsor race car(s)	<input type="checkbox"/> Other: _____ %
<input type="checkbox"/> Owner(s) purchase a personal auto policy for family exposures			
Total - All Operations 100%			

2. Please check below all that apply:

<input type="checkbox"/> Vehicles are not stacked over six high.	<input type="checkbox"/> Customers/visitors are escorted at all times.
<input type="checkbox"/> Average more than 300 tires stored in the yard.	<input type="checkbox"/> Customers are allowed to remove parts from the yard.
<input type="checkbox"/> Warranties are provided for your parts. (Attach copy)	<input type="checkbox"/> Customers are not allowed to work on their cars in the yard.
<input type="checkbox"/> UL approved ABC fire extinguishers are in place.	<input type="checkbox"/> Customers are charged to enter the yard.
<input type="checkbox"/> UL approved spray booth with sprinkler and safety lights.	<input type="checkbox"/> Spray painting not allowed outside the booth or in the open.

3. Are you a current member in good standing with any professional automobile dismantling associations? Yes No

If Yes, name of association(s): _____

Are you an ARA Certified Automotive Recycler (CAR)? Yes No

If Yes, date of latest certification: _____

4. If you contract companies to transport your crushed vehicles, do you obtain and review Certificates of Insurance? N/A Yes No

5. Describe your fuel tank removal and drainage procedures. (You may skip this question if CAR Certified) _____

6. Describe your airbag deployment or removal procedures. (You may skip this question if CAR Certified) _____

7. Provide the following information on your storage practices:

Type	Number of Tanks	Capacity (gallons)	Age	Distance to buildings (yards)	Above or Below ground
Used gasoline					
Used motor oil					
Used transmission fluid					
Used radiator fluid					
Other: _____					

All tanks are provided with secondary containment systems.

Barriers are installed to prevent collisions with aboveground storage tanks.

Fuel dispensing equipment is UL approved.

If smoking is allowed on premises, is it in restricted areas away from flammable materials and "No Smoking" signs posted where smoking is prohibited?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

How are fluids disposed of: _____ By whom? _____

8. If you perform cutting/welding operations answer the following. If not, skip to question 9.

Cutting and welding areas are free of combustibles and cutting and welding cylinders are secured.

Cutting and welding oxygen cylinders are segregated from fuel cylinders.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Batteries:

Battery charges are checked and fully discharged prior to storage.

Batteries are regularly checked for leakage.

Describe how and where standard batteries are stored: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe how and where batteries are handled when any leakage is identified: _____

10. If you perform vehicle sales/service answer the following. If not, skip to question 11.

Vehicles are sold exclusively on an "as is" basis. (Attach copy of Bill of Sale)

Average annual number of used auto sales over past 3 years: _____

Salvage title sales for the last 12 months: \$ _____ Number of sales: _____

If a dealer's license is required by the state, what is the name appearing on the license? _____

License number: _____

Does a salesperson accompany the customer when test driving on every test drive?

If No, describe exceptions: _____

Yes No

Yes No

SAFETY/SECURITY

1. The facility is (check all that apply): Fenced Lighted Gated Locked after hours

2. Check below all that apply:

<input type="checkbox"/> Central Station Alarm system	<input type="checkbox"/> Local alarm/gong
<input type="checkbox"/> Surveillance cameras	<input type="checkbox"/> Motion Detectors
<input type="checkbox"/> Motion alarm	<input type="checkbox"/> Fence alarm
<input type="checkbox"/> Dogs	<input type="checkbox"/> Other:
<input type="checkbox"/> Security Guards <input type="checkbox"/> Armed	

3. Soiled rags and flammable liquids are stored in self closing UL listed approved containers.

Yes No

4. Check below any formal employee training/certification you have:

<input type="checkbox"/> Forklift	<input type="checkbox"/> Crane
<input type="checkbox"/> Tire de-rimmer/sheer	<input type="checkbox"/> Vehicle crusher
<input type="checkbox"/> Hazardous fluids/materials	<input type="checkbox"/> Fire extinguisher training

<input type="checkbox"/> Tow truck operation	<input type="checkbox"/> Cutting torches
<input type="checkbox"/> Airbag deployment or removal	<input type="checkbox"/> Other: _____

AUTOMOBILE

- Describe your driver hiring guidelines: _____
- Describe your training procedure for new drivers: _____
- Do you obtain Motor Vehicle Records (MVRs) on all drivers? Yes No
If Yes, how often? _____
- What are your MVR guidelines? _____
- What actions are taken on questionable or poor MVRs? _____
- Please check below all that apply:

<input type="checkbox"/> Drivers are trained in hazardous waste identification.	<input type="checkbox"/> A post accident investigation policy is in place.
<input type="checkbox"/> Random and/or post accident drug/alcohol testing performed.	<input type="checkbox"/> Tarp or otherwise enclose loose material transported.
<input type="checkbox"/> Pre and post trip inspections performed on commercial units.	<input type="checkbox"/> Employed mechanic.
<input type="checkbox"/> Fleet and/or driver safety program in place (attach copy of contents page). Administered by: _____	
<input type="checkbox"/> Servicing performed in-house. Frequency: _____ Describe: _____ Major repairs performed by: _____	
<input type="checkbox"/> Backhaul goods or commodities for others.	<input type="checkbox"/> Regular Safety Meetings Frequency: _____
<input type="checkbox"/> ICC filings required. Explain: _____	<input type="checkbox"/> All vehicles on the application are titled to the Named Insured.
<input type="checkbox"/> A vehicle maintenance program is in place.	Typical radius of commercial vehicles: <input type="checkbox"/> 0-50 miles <input type="checkbox"/> 51-200 miles <input type="checkbox"/> 201 or greater

INLAND MARINE

- If you have cranes, provide length of each boom: _____
- How often is equipment inspected? _____ Who performs the inspection? _____
- Fluids/hydraulic are stored in approved containers away from flammables. Yes No
- Crushing equipment is mobile and used off premises. N/A Yes No

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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.

Fraud Warning: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

Signed by: _____ Date: _____
(Named Insured)

NOTE: Attach to the application photos of any wood burning heating devices and a copy of your customer waiver For U-Pull operations.

STATE FRAUD STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION:

APPLICABLE IN COLORADO

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN HAWAII

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN WASHINGTON

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.