

KBK INSURANCE GROUP

1425 Sams Ave. • Harahan, LA 70123
 1-800-229-5927 • FAX 504-736-9030

Date _____

BODY SHOP/AUTO REPAIR SHOP INSURANCE APPLICATION

APPLICANT INFORMATION			
Legal Name of Company		Effective Date of Coverage	
Mailing Address		City:	State:
			Zip Code:
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	Years in Business
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other (describe)	
Inspection Contact: _____		Phone: _____	Federal ID# _____
LOCATION INFORMATION			
#	Street, City, County, State, Zip Code	Use of Location	
1			
2			
3			
4			
5			

OPERATION	# OF EMPLOYEES	PAYROLL	RECEIPTS
Body Work		\$	\$
Customized Body Work		\$	\$
Auto Repair		\$	\$
Motor Rebuilding		\$	\$
Transmission Repair		\$	\$
Part Sales		\$	\$
Inspection Station (Brake)		\$	\$
Towing		\$	\$
Dismantling/Salvage		\$	\$
Used Car Sales		\$	\$
Service Station		\$	\$
Convenience Store		\$	\$
Other (Describe)		\$	\$

1. Does the Applicant operate out of residence? Yes No
2. a. Is the Applicant a subsidiary of another entity or have any other subsidiaries? Yes No
 b. If yes, describe _____
3. a. Does the Applicant carry Workers Compensation? Yes No
 b. Policy Period: _____
 c. Insurance co. _____
4. Does the Applicant own or sponsor a car for racing? Yes No

5. a. Any vehicles leased, loaned or rented to others? Yes No
 b. If yes, describe: _____
 c. Are these vehicles included in the attached schedule? Yes No
 d. If no, explain why _____
6. a. Is there a formal safety program in operation? Yes No
 b. If yes, number of meetings held monthly _____
 c. Who conducts? (Include a copy of written safety program if one exists.) _____
7. Construction of building: Frame ICM Brick Other (describe) _____
8. Does the Applicant post "No Smoking" signs in the shop area? Yes No
9. a. Does the Applicant allow customers in the shop area? Yes No
 b. Does the Applicant post signs warning customers to stay out of the shop area? Yes No
10. a. Does the Applicant have dealer, repairer or transporter plates? Yes No
 b. If so, how many plates? _____
 c. What are the plate numbers? _____
 d. What are the use of the plates? _____
 e. Any personal use of the plates? Yes No

Location Security

Location	Fenced	Height	Gates Locked at Night	Watchman	Alarm	Well-Lighted
Loc. #1	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loc. #2	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loc. #3	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loc. #4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loc. #5	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. a. Does the Applicant have dogs on Premises? Yes No
 b. If yes, number _____ Breed _____
 c. Are they trained Guard Dogs? Yes No
 d. Are "Beware of Dog" signs posted on gate? Yes No
 e. Are dogs penned up during business hours? Yes No
12. a. Does the Applicant employ a watchman? Yes No
 b. Does the Applicant hire an independent security guard service? Yes No
 c. If yes, is an insurance certificate secured? Yes No
13. Are customers' keys left in the vehicles at any time? Yes No
14. a. Where are the keys kept during the day? _____
 b. Where are the keys kept during the night? _____

15. Does the Applicant dispose of the following pollutants?

Material	Dispose?
Tires	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solvents	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paint	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. a. Does the Applicant use another firm to dispose of the pollutants? Yes No
 b. Has the Applicant secured a certificate of insurance from this firm? Yes No

17. If the Applicant does not use another firm to dispose of the pollutants, describe the method of disposal.

18. a. Does the Applicant sell used cars? Yes No
 b. If yes, how many cars are sold each year? _____
 c. Does a salesperson accompany the customer when test driving on **every** test drive? Yes No
 d. If no, is the customer's drivers license retain for security? Yes No
 e. Are there any circumstances where a customer test drives alone without leaving his license? Yes No
 d. If yes, explain _____

19. a. Does the Applicant sell tires? Yes No
 b. If yes, receipts \$ _____
 c. Does the Applicant sell new or used tires?
 d. Any tire recapping or retreading performed? Yes No
 20. a. Does the Applicant salvage or dismantle vehicles? Yes No
 b. If yes, how many number of units annually? _____
 c. Does the Applicant own a crushing machine? Yes No
 d. If yes, describe here: _____
 e. Is public allowed to removed parts from vehicles? Yes No

21. Does the Applicant sell used parts? Yes No

22. a. Does the Applicant sell propane? Yes No
 b. If yes, describe protection around tank. _____

23. a. Does the Applicant have a car wash? Yes No
 b. If yes, is the car wash open to the public? Yes No

24. a. Does Applicant own a tow truck? (if yes, complete vehicle schedule) Yes No
 b. What percentage is it used for business purposes only? _____
 c. If yes, is the tow truck used for contract work, police rotation or any towing for others? Yes No
 d. Any repossession work? Yes No
 e. If yes, are the repossessions voluntary or involuntary?
 f. Any filings required? Yes No
 g. If yes, which filings are needed? _____
 h. Authority is granted in the name of: _____

Auto Repair Shop Operations

- 25. Does the Applicant perform any motor rebuilding? Yes No
- 26. Does the Applicant perform engine replacements? Yes No
- 27. Does the Applicant repair anything other than cars (boats, farm equipment, etc.)? Yes No
- 28. Does the Applicant repair cars for racing? Yes No
- 29. a. Are any repairs performed on trucks with GVW greater than 10,000 lbs.? Yes No
 b. If yes, provide receipts. _____
- 30. a. Does the Applicant perform any road side repairs? Yes No
 b. If yes, how many per month? _____
- 31. What types of repairs are done other than general repairs (oil changes, tune-ups, brakes, etc.)?

Body Shop Operations

- 32. Does the Applicant have a UL approved paint booth? Yes No
- 33. a. Does the Applicant paint anything other than cars? Yes No
 b. If yes, please describe: _____
- 34. Does Applicant use metal containers with lids to store combustible rubbish (oily rags, soiled paint or solvent wipe rags)? Yes No
- 35. How often are oily rags removed from premises? _____
- 36. a. Does Applicant have metal containers to store paint? Yes No
 b. Where are the small containers stored? _____
 c. Where are the large containers stored? _____
- 37. a. Does the Applicant have a regular maintenance schedule to clean up painting residue in the painting area? Yes No
 b. If yes, how often? _____
- 38. a. Is any welding performed? Yes No
 b. If yes, where is welding performed? _____
 c. Any protective screens used? Yes No

Insurance Co.	Year	Premium	Limits	Deductible	# of Losses	Amount
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$

Attach copy of insurance company loss runs.

- 39. a. Has the Applicant ever been cancelled or non-renewed? (Do not answer if risk is located in MO) Yes No
 b. If yes, why? _____

COVERAGES AND LIMITS DESIRED		
Automobile Liability	CSL <i>(Up to \$1,000,000)</i>	
Medical Payments	Limit per person	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000
Personal Injury Protection	Each limit <i>(As required by state law)</i>	
Uninsured Motorists	CSL <i>(As required by state law)</i>	
Physical Damage	Comprehensive deductible	<i>Please indicate on schedule which vehicles desire Physical Damage.</i>
	Collision deductible	
General Liability	CSL	
	Aggregate	<i>(Aggregate up to 3 times)</i>
Premises Medical Payments	\$5,000 limit per person	
Garagekeepers Legal Liability	Limit Location 1	
	Limit Location 2	
	Limit Location 3	
	Limit Location 4	
	Deductible	
On-Hook/Cargo	Limit Please indicate on vehicle schedule	<i>Note: Adequate limits should be selected to cover the highest valued item "on-hook"/"in-tow".</i>

Fraud Warnings:

ARKANSAS

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

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."

FLORIDA

"Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

KENTUCKY

"Any person who knowingly and with intent to defraud any insurance company or other person files 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."

LOUISIANA

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MAINE

"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, or denial of insurance benefits."

NEW JERSEY

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

OHIO

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

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."

PENNSYLVANIA

“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.”

RHODE ISLAND

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company, including failure to disclose a conviction of arson, for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

TENNESSEE

“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.”

VIRGINIA

“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.”

WEST VIRGINIA

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

ALL OTHER STATES

“Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.”

NO COVERAGE IS BOUND UNTIL ACCEPTED BY THE COMPANY.

Date: _____

Signed _____

Applicant

KBK VEHICLE SCHEDULE

Insured Name: _____

Date _____

Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
Vehicle #							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	Deductibles:	Comp	Collision	On-Hook	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		

>

KBK DRIVER LIST

Date _____

Driver's Name	DOB	Date Of Employment	Status	Commercial Driving Experience	Tow Truck Experience	Company Use Only			
						VIOL	ACC	DEL	ADD
1.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
2.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
3.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
4.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
5.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
6.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
7.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
8.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
9.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
10.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
11.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
12.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
13.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
14.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
15.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
16.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
17.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
18.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
19.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						
20.			<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time						

Have you identified every possible driver of an insured vehicle including those who may fill in during peak periods and emergencies? (Such as members of households, friends, etc.)?..... Yes No

_____, understands and agrees that on any proposed addition or substitution of driver, the MVR must be submitted to the insurance company for approval prior to hire.

(name of Applicant)

Applicant's Signature

ADDITIONAL NOTES:
