



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Salvage Yard Supplemental Application

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State Zip Code

3. Website Address:

4. Contact for Inspection/Audit: Name: Phone No.:

5. Effective Date Desired: From: To: Term Desired

6. Years in Business:

PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary See Loss Runs Attached

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years? Yes No

If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Table with 7 columns: Year, Carrier, Policy Number, Premium, Coverage, Losses/\$ Amount, Description of Loss

BUSINESS INFORMATION

- 7. Is the salvage yard fully fenced?
8. Do you allow customers in the yard unaccompanied?
9. Do you allow customers to pull their own parts?
10. Do you have any animals on the premises?
11. Do you sell used parts and accessories without installing them?
12. Do you alter or rebuild any salvaged parts?
13. Do you provide any warranties or guarantees on parts sold?
14. Do your invoices and/or sales receipts state parts are sold "as-is"?
15. Do you use these used parts in your repair operations?
16. Do you stack vehicles?
17. Do you have a car crusher?
18. Do you sell salvaged titled autos?
19. If you have auto sales, are they performed at a separate location?

20. Annual Sales/Receipts: \$

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 21. Do you perform any welding?
If yes, indicate: _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you distribute any foreign manufactured parts? If
yes, provide a list of products: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

FRAUD STATEMENTS

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.

LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		