

ULTRA SERIES
AUTOMOBILE SPECIALTY SHOP SUPPLEMENT

Complete this supplement and submit with ACORD® application

Applicant: _____

QUALIFYING QUESTIONS

Does the applicant perform any of the following operations?
If yes, describe in the comments section below, including estimated receipts.

- | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Auto, truck or trailer sales? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Boat, motorcycle, race car, snowmobile, or trailer sales or service? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Auto, truck or trailer leasing or rental? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Parking garages or lots? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Body work, alteration or painting? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Retail sales not incidental to garages? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Engine part or vehicle rebuilding? | <input type="checkbox"/> | <input type="checkbox"/> | 13. RV, antique auto, or high value auto sales or service? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Auto or truck part stores? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Self-service bay or tool rentals? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Salvage operation or yard? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Tire dealers or recapping? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Auto service station? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Towing or wrecker service? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Auto or truck wash? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Truck stop? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. LPG sales or storage? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Welding operations? |

UNDERWRITING INFORMATION

- | | Building #1 | Building #2 |
|--|-------------|-------------|
| 19. If building has been remodeled, list year, and explain briefly | _____ | _____ |
| 20. Age and condition of heating unit | _____ | _____ |
| 21. Age and condition of wiring | _____ | _____ |
| 22. Age and condition of plumbing | _____ | _____ |
| 23. Does applicant want coverage on underground tanks or their contents? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate items and limits on the ACORD® PROPERTY SECTION. | | |
| 24. Number of years owner and/or manager have at this location? _____ | | |
| 25. Are flammable solvents kept in U.L. listed safety containers? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 26. Is combustible waste kept in metal containers with lids and emptied regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 27. Is housekeeping above average? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 28. If incidental towing, does applicant respond to police emergency calls or motor club calls? | | |

Comments: _____

Date: _____ Agent: _____ Agency Number: _____