

Hot Rod Insurance Restorer & Builder Program Supplemental Application

Business Information Desired effective date

Name of Business:

Primary Contact | First Name: | Last Name:

Mailing Address:

City: | State: | County: | Zip:

Phone: | Website:

Fax: | E-mail:

Business Address (if different than above):

City: | State: | Zip Code:

Employer Information

Owners & Percentage of Ownership:

Federal Taxpayer ID No: | Year Business Started:

Number of Employees: _____ Full Time: ___ Part Time: ___ None: ___

Annual Payroll of Employees: \$ | Gross Annual Sales: \$

Average Number of Vehicles Stored Overnight: | Average Value of Vehicles Stored Overnight:
| \$

Driver's License Information for All Owners/Employees:

Name	Driver's License No.	Date of Birth	State

*use separate sheet if needed

Number of Dealer Plates:

Property - Building & Contents Information

Building #1

Building Limit: \$ | Business Property (contents) Limit: \$

~~Business Income incl. Extra Expense Limit: \$ | Interest in Building: | Year Built: | Sq. Footage Occupied:~~

Owned or Leased

Construction Type: Frame Steel Joisted Masonry Other # of Stories:

Burglar Alarm System: | Sprinkler: Yes No

Neighboring Occupancies (if applicable):

Building #2

Building Insurance Limit \$ | Business Property (contents) Limit \$

~~Business Income Limit (if any): \$ | Interest in Building: | Year Built: | Sq. Footage Occupied:~~

Owned or Leased

Construction Type: Frame Steel Joisted Masonry Other # of Stories:

Burglar Alarm System: | Sprinkler: Yes No

Neighboring Occupancies (if applicable):

Garagekeeper's Coverage

This is the amount of liability insurance you need to protect the business while you are test driving customers' cars. This will also be the liability limit for your business autos (if any.)

Garagekeeper's Liability Limit: \$500,000 \$1,000,000

Garagekeeper's Physical Damage Limit: (Insurance Value of vehicles in your care, custody, or control that you are Restoring, Building, or Maintaining.) Coverage is offered on an **Unscheduled Basis. Agreed Value Coverage – Direct Primary Basis.** This coverage is for your day-to-day jobs and cars in your shop for the long term.

Total amount of Garagekeeper's Coverage required \$

Total value of inventory of cars held for sale:\$

On separate sheet, please provide a list of make, year, model, VIN, and value.

Business Auto

Please complete this section for any vehicles (including collector cars) and/or trailers owned by the business.

Auto	Yr	Make	Model	VIN #	Use	Orig. Cost New
1.						
2.						
3.						
4.						
5.						

Claims Experience: Please list all claims for the last five (5) years and/or include your current insurance company's Loss Runs. If no losses, state "NONE"

Date of Loss	Description	Paid or Reserve Amount	Status

Additional Characteristics

1.a. Do you utilize CNC or other quality control equipment? Yes No

b. If yes, please explain:

2.a. Do you emphasize quality control management? Yes No

b. If yes, please explain measures/controls:

3.a. Are accessories/parts sold in addition to the restoration/building business? Yes No

b. If yes, please provide the amount of annual sales: \$

4.a. Do you manufacture or fabricate any parts or accessories? Yes No

b. If yes, please describe:

5.a. Do you deliver any vehicles? Yes No

b. If yes, approximately how many per year:

6.a. Do you attend Shows, Events, Swaps, and Parades? Yes No

b. If yes, approximately how many per year:

7.a. Do you assist in car detailing and/or show preparations? Yes No

b. If yes, please list % of total receipts/revenues:

8. Check all that apply with respect to types of autos restored/built: Show only Parade only
Show/Parade Muscle Cars Hot Rod/Street Rod Antique or Classic

9.a. Does any of your staff hold engineering or auto industry certifications? Yes No

b. If yes, please describe:

10. Total number of ground-up restorations or full builds you complete in a year:

11. Expiring Carrier _____ Expiring Premium _____

Fraud Prevention - General Warning

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

Signatures:

Authorized Agent:	Date:
Business Owner:	Date:
Business Owner Printed Name:	

For more information or help completing this application, please call 888-606-4418 or e-mail at Rob@hotrodins.com. Completed applications can be e-mailed to John Heckman or sent to the below address or faxed to 650-343-8456.

Hot Rod Insurance Services, Inc
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