



Automotive Oil Change Association Insurance Application

I. Basic Information

Insured Name: _____ Tax ID #: _____

Address: _____ Yr business started: _____

County: _____ # Years experience: _____

Additional Locations:

1 _____

Phone #: _____

2 _____

Fax #: _____

3 _____

Contact: _____

Legal Entity: C-Corp, LLC, LLP, Other: _____ Email: _____

Employees: _____

Current Carrier: _____ Premium _____

Renewal Date: _____

Hours of Operation _____ to _____

II. Property Please attach more sheets if multiple locations

Interest: Owner _____ Tenant _____

Building Value: \$ _____

Property Deductible: \$ _____

Building Personal Property (Contents) \$ _____

Computer Coverage: \$ _____

Building/Leased Sq. Ft.: _____ Construction: _____

Yr. Built: _____ If over 20 years old, please provide updates: _____

Stories: _____ Sprinklered? _____ Central Station Alarm? _____

Fire extinguishers kept within 100 feet of all tanks and pumps? _____

All tanks and pumps protected by concrete posts? _____

III. General Liability

Gross Annual Receipts: \$ _____

Liability Limits: \$ _____ Annual Payroll: \$ _____

Umbrella Limits: \$ _____

Guard dogs kept on the premises at any time? _____

Describe housekeeping: _____

Class Codes (circle all that apply) 10072 Auto Quick Lube Services 10367 Full Service Car Wash

IV. Garage Keepers Liability

Maximum # of autos on premises at one time:
Loc#1 _____ Loc#2 _____ Loc#3 _____
Number of Service Bays: Loc#1 _____ Loc#2 _____ Loc#3 _____
Maximum value of autos to be serviced:
Loc#1 _____ Loc#2 _____ Loc#3 _____
Liability Limit: \$ _____

V. Crime Exposures

Employee Theft: Limit \$ _____ Deductible \$ _____
Forgery or Alteration Limit \$ _____ Deductible \$ _____

Building alarmed with:

Burglar Alarm? _____

- If yes, Central or Local Alarm? _____
- If yes, when was alarm last serviced? _____

Building equipped with:

- Video surveillance cameras? _____
- Robbery panic buttons? _____

Is there a security/watchman service?

Are there firearms on premises?

Maximum amount of cash kept on premises:

At one time? \$ _____ Overnight? \$ _____

Employee background checks made/reviewed? _____

Are garage tool/equipment etched with I.D. markings and/or serial numbers records kept? _____

VI. Car Wash Supplemental (if applicable)

Annual Sales: \$ _____

Attendant on premises at all times? _____

Are floors properly finished to prevent slips/falls? _____

For self-service automatic washers, how often are consoles emptied of cash and deposits made? _____

Self-service hand-held wands? _____

VII. Automobile

Any Business Owned Autos? _____

If YES, please complete for each vehicle used:

Year	Make	Model	Vin #	Class Code	Original Cost New

Driver Information:

Name	Date of Birth	Texas DL #	Use: Personal/Commercial

(If additional lines are needed, please attach a paper with above information)

Limits:

Bodily Injury: _____ Property Damage: _____

Deductibles:

Comprehensive: _____ Collision: _____

VIII. Worker's Compensation

Classifications	# Employees at Each Location:	Annual Payroll
Mechanic	Loc 1 _____ Loc 2 _____ Loc 3 _____	\$ _____
Clerical	Loc 1 _____ Loc 2 _____ Loc 3 _____	\$ _____

Owners: Included or Excluded? _____

If Excluded:

Name	Annual Payroll	% of Ownership	Duties
	\$		
	\$		
	\$		

Employers Liability Limits:

\$500,000/\$500,000/\$500,000 OR \$1,000,000/\$1,000,000/\$1,000,000

Deductible: \$ _____ Per accident \$ _____ Aggregate

Waiver of Subrogation? _____ Specific or Blanket? _____

VIII. Loss History

Date of Loss	Amount Paid	Open/Closed?	Description of Loss
	\$		
	\$		
	\$		

X. Miscellaneous

Additional Insured's? Please provide names, addresses and type of insured below:

TexCap-Concord Insurance Services, LP.
13465 Midway Rd. Ste. 200
Dallas, TX. 75244
Fax 972-934-8226

Pat Yancey 972-720-5374
pyancey@texcap-concord.com

Aaron Compton 972-720-5371
Acompton@texcap-concord.com



Associate Member