

AUTOMOBILE RECYCLERS APPLICATION

**PLEASE ANSWER ALL QUESTIONS
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** _____
 (And all Subsidiaries) _____

2. **Mailing address:** _____
 _____ **Website Address:** _____

Other Locations: _____

3. How long has applicant been in business under the above name? _____

4. **Description of Business Operations:**

5. Are there any sales or operations outside Canada? YES NO

If yes, please describe where sales go (country) in detail and provide percentage of receipts: _____

6. **Total Payroll :** _____ **No. of Employees :** _____

Are all employees covered under WSIB? YES NO

If "No", please list numbers by job description and estimated payroll. _____

Do you have licensed mechanics on staff? YES NO

7. **Breakdown of Receipts:**

Sale of used parts	\$
Sale of scrap	\$
Repair	\$
Sale of rebuilt or repaired vehicles	\$
Tow truck operations	\$
Off-premises welding	\$
Any other operations (describe)	\$

8. Do you employ sub-contractors? YES NO
If yes, what operations do they perform? _____

Total estimated annual payments \$ _____
Do you require all sub-contractors to provide proof of liability insurance? YES NO
If "Yes", what limit? _____

9. Buildings or Premises: *(Please list on separate sheet if more space is required):*

All Locations (provide description of locations also):
a) _____
b) _____
c) _____

10. Does applicant have any agreements assuming liability? YES NO
If so, please describe and provide copies.

11. Does applicant own/operate tow trucks or is this contracted out to a Third Party? _____

Are all tow trucks licensed? YES NO

12. Are any critical used parts being sold? (i.e. critical operating parts such as front end parts, brake, steering parts, etc.) YES NO

List products sold and provide revenue: _____

13. Is there any warranty on parts/service? If so, describe in detail (attach copy if possible).

14. Are customers allowed to harvest parts themselves? YES NO

If "yes", describe procedure: _____

15. Confirm compound is fenced and describe any additional security (e.g. how high is the fence, is there barbed wire at the top of the fence.) _____

Are there any guard dogs? YES NO

16. Are all fluids, fuels and refrigerants removed and placed in approved receptacles before vehicles are stored?

17. State approximate quantity of tires and how they are stored. _____

18. Does applicant presently carry insurance? YES NO
 If yes, who is present insurer? _____

Premium: _____ Limit : \$ _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

19. Are they willing to renew? YES NO
 If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO
 If no, please describe: _____

20. Claims History:

Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO
 If yes, give details: _____

21. Accident Prevention and First Aid

First Aid Post: Doctors: _____ Full Time: _____ Part Time: _____
 Nurses: _____ Full Time: _____ Part Time: _____

Fire Alarm – Other Warning Systems: _____

Is there a security officer or are there loss prevention engineers employed? YES NO

22. Please indicate limit(s) of liability required: _____

***Please note that Non-Owned Auto is not offered for this type of risk.
 Garage automobile Policy may be required.***

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKER NAME:	_____
ADDRESS:	_____ _____ _____
PHONE NO.:	_____
FAX NO.:	_____

Email Form

Print Form