

AUTO REPAIR CENTER QUESTIONNAIRE – OREGON

FINANCIAL PACIFIC



This questionnaire is part of the application. The answers in this questionnaire are representations on the part of the insured, furnished to Financial Pacific Insurance Company, in consideration for Financial Pacific Insurance Company providing insurance.

Insured/applicant _____ Location _____

Total years in business _____ Years under your current business name _____

Insured/applicant Social Security number _____ - _____ - _____

Total no. of full-time employees _____ Total no. of part-time employees _____
(incl. active owners) _____ (less than 20 hrs. per week) _____

***If any of the following are answered "Yes," please describe on a separate sheet of paper.**

1. Do you sell gasoline or propane? Yes ___ No ___
2. In your last fiscal year what was your net sales? _____
3. In your last fiscal year what was your net profit? _____
4. Have you ever declared bankruptcy? Yes ___ No ___
5. In this business or any other business you have owned, have you had any insurance losses? On a separate sheet, please describe losses over \$10,000. Yes ___ No ___
6. Do you do any welding on the premises? Yes ___ No ___
7. Have you ever been cited for any EPA violations? Yes ___ No ___
8. Do you have a sign indicating the shop floor is off limits to customers? Yes ___ No ___
9. Do you have a designated customer waiting area? Yes ___ No ___
10. Do you test drive the customers' vehicles? Yes ___ No ___
11. Do you provide pickup and delivery of customers' vehicles? Yes ___ No ___
12. What security measures are in place to prevent theft/burglary?
Please explain _____
13. Are customers' vehicles kept overnight? Yes ___ No ___
Maximum # inside? _____ Maximum # outside _____
14. Please describe the security measures for customers' vehicles.
Inside _____
Outside _____
Vehicle key controls _____
15. Are guard dogs used to protect the premises? Yes ___ No ___
16. Does your shop loan or rent vehicles to customers? Yes ___ No ___
17. Do you own or operate a tow truck? Yes ___ No ___
18. Do you sell motor vehicles? Yes ___ No ___
19. Do you offer mobile repair service? Yes ___ No ___
20. Is work done on buses, recreational vehicles, emergency vehicles or other vehicles used for public transportation? Yes ___ No ___
21. Do you do auto body repair/painting? Yes ___ No ___
If yes, do you do any spray painting on the premises? Yes ___ No ___
If yes, do you have a U.L. approved spray painting booth? Yes ___ No ___

22. Does your shop alter the structure, suspension or body of an automobile? Yes ___ No ___
23. Do you do tire installation and/or repair? Yes ___ No ___
- If yes, please answer the following questions:
- a. Do you install tires that you do not sell? Yes ___ No ___
 - b. Do you install tires that carry less than the recommended speed rating for the vehicle? Yes ___ No ___
 - c. Do you install tires that are different sizes than are recommended by the manufacturer? Yes ___ No ___
 - d. Do you torque lug nuts according to the manufacturer's recommendations? Yes ___ No ___
 - e. Do you install or repair split rim wheels? Yes ___ No ___
 - f. Do you manufacture recaps? Yes ___ No ___
 - g. Do you sell tires that are larger than those found on private passenger cars or pick-up trucks? Yes ___ No ___
 - h. Have you experienced any liability claims or complaints from wheels falling off vehicles and/or the installation of wrong size tires? Yes ___ No ___
24. Do you do installation or repair of tires for motorcycles, construction or farm type vehicles? Yes ___ No ___
25. Are you currently aware of any environmental conditions that could give rise to a pollution claim? Yes ___ No ___
- If yes, please describe the condition.
- _____
- _____
- _____
- _____
26. Are there any above ground or underground tanks with a capacity of 250 gallons or more located on the premises? Yes ___ No ___
- If yes, please provide a tank schedule.
- If yes, do tanks meet 1998 EPA upgrade requirements? Yes ___ No ___
27. During the last 5 years have you been cited and/or prosecuted for contravention or violation of any standard or law relating to the release from your premises of any substance into sewers, rivers, seas, air or land? Yes ___ No ___

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I understand that Financial Pacific Insurance Company may rescind coverage if I have not provided accurate and complete information in this questionnaire.

Owner or Officer's Name

Agent's Name

Title

Agent's Signature

Date

Owner or Officer's Signature

Date

Expiring FPIC policy number, if applicable