



The Brethren Mutual Insurance Company  
 149 North Edgewood Drive, Hagerstown, Maryland 21740-6599  
 Telephone: (800) 621-4264 Fax: (301) 733-1794

**SUPPLEMENTAL GARAGE AND  
 AUTOMOBILE SERVICE PROGRAM APPLICATION**

Named Insured: \_\_\_\_\_

Location: \_\_\_\_\_

(Please complete a separate questionnaire for any additional locations).

Also please see list of questions that require further information at the bottom of Page 2.

1. Do you work on vehicles over 20,000 GVW?  Yes  No  
 If yes - Give Percentage \_\_\_\_\_% and receipts \$\_\_\_\_\_.
- 2.(a) Do you recap tires or sell recapped or used tires?  Yes  No  
 (b) Do you rebuild or install used parts?  Yes  No
3. Are you using certified rebuilt parts from a remanufacturer who provides a warranty?  Yes  No
4. Do you modify bodies, chassis, engines or rebuild vehicles for resale?  Yes  No
5. Do you keep firearms or guard dogs on premises?  Yes  No
6. Is there a car wash on premises?  Yes  No  
 Car Wash Receipts: \_\_\_\_\_ % of Sales: \_\_\_\_\_  
 Car wash hours of operation: \_\_\_\_\_
7. Is LPG sold? If yes, show total sales by this location. \_\_\_\_\_gal.  Yes  No
8. Total gallons of gasoline sold by location is: \_\_\_\_\_
9. Total Annual Gross Receipts: \$ \_\_\_\_\_  
 Are there food sales (other than vending machines)  Yes  No  
 Give breakdown of sales that are not from garage or gasoline sales.

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10. Where are customer's cars kept overnight?  Inside  Outside  
 If outside, is lot well lighted?  Yes  No  
 Describe type of fence or enclosure: \_\_\_\_\_
11. Do you provide loaner or rental vehicles?  Yes  No
12. Do you pick up and deliver customer vehicles?  Yes  No  
 Are any pick up or deliveries greater than 50 miles?  Yes  No
13. Are pre-employment MVR's obtained for authorized drivers?  Yes  No  
 (Attach any posted or written rules pertaining to the operation of customer vehicles)
14. Where are customer keys kept? Describe: \_\_\_\_\_
15. Do you perform any Club, Police or 24 hour towing?  Yes  No  
 If yes, please show number of trucks and list GVW of each: \_\_\_\_\_  
 What are your annual towing receipts? \_\_\_\_\_  
 What percent of total sales is towing to other operations? \_\_\_\_\_
16. Are parts cleaning done with non-flammable or high flash point solvents?  Yes  No

- 17. Are gas pumps protected against vehicle damage?  Yes  No
- 18. Are employees trained in how to handle gas spills?  Yes  No
- 19. Are all underground tanks less than 15 years old and of sufficient construction to meet with all state laws?  Yes  No
- 20. Date of last pressure test: \_\_\_\_\_
- 21. Describe methods for disposal of oil and waste materials: \_\_\_\_\_
- 22. Are signs posted regarding the following:
 

No smoking signs in service areas and in pump areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employees do not carry cash; cash in safe attendant cannot open	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exact change or credit card sale only between 10:00 pm & 6:00 am	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No customers allowed in service areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- 23. Show hours of operation for each location: \_\_\_\_\_
- 24. Are there any non garage operations done on or off premises?  Yes  No
- 25. Are there at least two employees on premises at all times?  Yes  No
- 26. Does cashier work within a bullet resistant enclosure not accessible to the public?  Yes  No
- 27. Are there regular and frequent police night patrols?  Yes  No
- 28. Type/Class of Safe: \_\_\_\_\_  
Describe how installed: \_\_\_\_\_
- 29. Who has access to the safe? \_\_\_\_\_
- 30. Frequency of deposits is: \_\_\_\_\_
- 31. Number of employees (include clerical but not inactive owners)  

Full time: _____	Part time (works 20 hours or less):	_____
No. of Clerical Full time _____	No. of Clerical Part time	_____
- 32. Do you offer snow removal services?  Yes  No
- 33. Is there any spray painting done on premises?  Yes  No
- 34. If 33 is yes, Is there a UL approved factory built spray booth?  Yes  No

Explain all yes answers to questions 1, 2, 4-6, 11, 12, 24, and 32 on the reverse side.  
 Explain all no answers to questions 3, 10, 13, 16 - 22, 25 - 27 on the reverse side.

\_\_\_\_\_  
*Signature of Business Owner*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Agent*

\_\_\_\_\_  
*Date*