[ ]  **National Casualty Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**[ ]  Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**COLLISION AND RESTORATION SUPPLEMENTAL APPLICATION**

**(To be completed in addition to CGZ-APP-6 Application for Garage Policy)**

Applicant Name:

**1.** What is the training and experience of your employees?

**2.** What makes and models do you restore?

**3.** Do you inspect the frame, steering, gas line and tank, wiring system and brakes for corrosion? [ ]  Yes [ ]  No

What is your procedure?

**4.** Describe your parts washing system:

**5.** Are solvents stored in a fire-resistive cabinet? [ ]  Yes [ ]  No

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| **6.** Describe any system or procedures you use to maintain a safe environment:       |

**7.** How are the following stored and discarded:

Used tires:

Automotive fluids (e.g., motor oil):

Batteries:

**8.** Are you a custom, artistic paint operation? [ ]  Yes [ ]  No

(Any damages relating to custom paint jobs are calculated based on the cost of standard factory paint)

**9.** Do you fabricate/manufacture any parts? [ ]  Yes [ ]  No

If yes, explain:

**10.** Do you use disclaimer forms signed by your customers? (provide copy) [ ]  Yes [ ]  No

**11.** Do you keep records of the cost of all parts associated with an auto’s restoration? [ ]  Yes [ ]  No

**12.** What warranty, if any, do you give? (provide copy)

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| **REMARKS:** (use this section to expand on answers that need further explanation)       |

**Refer to the application form for state fraud warnings.**

Applicant or authorized representative of the applicant, confirm and warrant that all of the above are true and accurate representations of my garage operation.

APPLICANT’S NAME/TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an authorized representative, owner, partner or executive officer)

PRODUCER’S NAME:       DATE: