[ ]  **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

**GARAGE APPLICATION SUPPLEMENT
SALVAGE YARD SUPPLEMENTAL APPLICATION**

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

**1.** Where did you receive your training?

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| --- |
| **2.** What is the training and experience of your employees?       |

**3.** Is your yard completely fenced? [ ]  Yes [ ]  No

What is the height of the fence?

**4.** Is the yard kept separate from the rest of the operations? [ ]  Yes [ ]  No

**5.** Are customers permitted to pull their own parts? [ ]  Yes [ ]  No

**6.** If customers are allowed in the salvage yard, are they accompanied? [ ]  Yes [ ]  No

**7.** Provide gross receipts for the following that are applicable to your operations:

Auto part sales: $

Auto sales: $

Scrap metal operations (non-auto): $

Towing operations: $

Other operations: $

**8.** Do you warrant parts, autos or repairs?..................................................................................................... [ ]  Yes [ ]  No

If yes, attach a copy of warranty.

**9.** Do you stack vehicles? [ ]  Yes [ ]  No

If yes, how high?

Do you use a rack to stack vehicles? [ ]  Yes [ ]  No

If yes, provide the Manufacturer and Model Number:

**10.** What percentage of vehicles on your lot are:

Inoperable:      %

Operable:      %

**11.** What percentage of vehicles on your lot require?

Cosmetic repair:      %

Mechanical repair:      %

Structural repair:      %

Frame straightening:      %

|  |
| --- |
| **12.** List any specialized equipment you own (including forklifts, front end loaders, etc.):       |

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

Used tires:

Automobile fluids (ex: motor oil):

Batteries:

**14.** How do you dispose of vehicles that no longer have any value to you?

**15.** Do you have your own car crusher? [ ]  Yes [ ]  No

If yes, are your employees trained to use it? [ ]  Yes [ ]  No

Is it fenced with no customer access?……………………………………………………………………………..[ ]  Yes [ ]  No

What safety measures are in place?

**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 AND TITLE:

APPLICANT’S SIGNATURE: Date:

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

PRODUCER’S SIGNATURE: DATE: