**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?

|  |
| --- |
| **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: