

Please fill in as much information as possible.

| Grundy Insurance Restorer & Builder Program Supplemental Application | | | |
|--|----------------------|---|------------|
| Business Information | | | |
| Desired Effective Date: _____ | | | |
| Name of Business: _____ | | | |
| Primary Contact | First Name: _____ | Last Name: _____ | |
| Mailing Address: _____ | | | |
| City: _____ | State: _____ | County: _____ | Zip: _____ |
| Phone: _____ | | Website: _____ | |
| Fax: _____ | | E-mail: _____ | |
| Business Address (if different than above): _____ | | | |
| City: _____ | State: _____ | Zip Code: _____ | |
| Employer Information | | | |
| Owners & Percentage of Ownership: _____ | | | |
| Federal Taxpayer ID No: _____ | | Year Business Started: _____ | |
| Licensed Business? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Type of work conducted: _____ | | | |
| Number of Employees: _____ Full Time: _____ Part Time: _____ None: _____ | | | |
| Annual Payroll of Employees: \$ _____ | | Gross Annual Sales: \$ _____ | |
| Average Number of Vehicles Stored Overnight: # _____ | | Average Value of All Vehicles Stored Overnight: \$ _____ | |
| Driver's License Information for All Owners/Employees: | | | |
| Name | Driver's License No. | Date of Birth | State |
| | | | |
| | | | |
| | | | |
| *use separate sheet if needed | | | |
| Number of Dealer Plates: _____ Number of all other Plates: _____ Other Plate Type: _____ | | | |
| Property - Building & Contents Information | | | |
| Building #1 Address: _____ | | | |
| Building Insurance Limit: \$ _____ | | Business Property (contents) Limit: \$ _____ | |
| Business Income incl. Extra Expense Limit: \$ _____ | | Stock Limit (if any): \$ _____ | |
| Interest in Building: Owned <input type="checkbox"/> or Leased <input type="checkbox"/> | Year Built: _____ | Sq. Footage Occupied: _____ | |
| Construction Type: Frame <input type="checkbox"/> Steel <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Other <input type="checkbox"/> # of Stories: _____ | | | |
| Burglar Alarm System: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Sprinkler: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Neighboring Occupancies (if applicable): _____ | | | |
| Building #2 Address: _____ | | | |
| Building Insurance Limit \$ _____ | | Business Property (contents) Limit \$ _____ | |
| Business Income incl. Extra Expense Limit: \$ _____ | | Stock Limit (if any): \$ _____ | |
| Interest in Building: Owned <input type="checkbox"/> or Leased <input type="checkbox"/> | Year Built: _____ | Sq. Footage Occupied: _____ | |
| Construction Type: Frame <input type="checkbox"/> Steel <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Other <input type="checkbox"/> # of Stories: _____ | | | |
| Burglar Alarm System: _____ | | Sprinkler: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Neighboring Occupancies (if applicable): _____ | | | |
| Garagekeeper's Coverage | | | |
| This is the amount of liability insurance you need to protect the business while you are test driving customers' cars. This will also be the liability limit for your business autos (if any.) | | | |
| Automobile Liability Limit: \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> | | | |

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| | | | | | | | |
|--|-------------|------|-------|-------|--|------------|-----|
| Garagekeeper's Physical Damage Limit: (Insurance Value of vehicles in your care, custody, or control that you are Restoring, Building, or Maintaining.) Coverage is offered on an Unscheduled Basis . Agreed Value Coverage – Direct Primary Basis. This coverage is for your day-to-day jobs and cars in your shop for the long term. | | | | | | | |
| Total amount of Garagekeeper's Coverage required: \$ _____ | | | | | | | |
| Damage to premises rented limit \$ _____ | | | | | | | |
| Excess/Umbrella Liability | | | | | | | |
| Limit: \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 Other Limit Required: \$ _____ | | | | | | | |
| Cars Held For Sale | | | | | | | |
| Total value of inventory of cars held for sale: \$ _____ | | | | | | | |
| *On separate sheet, please provide a list of Year, Make, Model, VIN, and Value.* | | | | | | | |
| Business Auto | | | | | | | |
| Please complete this section for any vehicles (including collector cars) and/or trailers owned by the business. | | | | | | | |
| | | | | | | | |
| Auto | Yr | Make | Model | VIN # | Use | Orig. Cost | New |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Claims Experience: Please list all claims for the last five (5) years and/or include your current insurance company's Loss Runs. <u>If no losses, state "NONE"</u> | | | | | | | |
| Date of Loss | Description | | | | Paid or Reserve Amount | Status | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Additional Characteristics | | | | | | | |
| 1.a. Do you utilize CNC or other quality control equipment? | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| b. If yes, please explain: _____ | | | | | | | |
| 2.a. Do you emphasize quality control management? | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| b. If yes, please explain measures/controls: _____ | | | | | | | |
| 3.a. Are accessories/parts sold in addition to the restoration/building business? | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| b. If yes, please provide the amount of annual sales: \$ _____ | | | | | | | |
| 4.a. Do you manufacture or fabricate any parts or accessories? | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| b. If yes, please describe: _____ | | | | | | | |
| 5.a. Do you deliver any vehicles? | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| b. If yes, approximately how many per year: _____ | | | | | | | |
| 6.a. Do you attend Shows, Events, Swaps, and Parades? | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| b. If yes, approximately how many per year: _____ | | | | | | | |
| 7.a. Do you assist in car detailing and/or show preparations? | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| b. If yes, please list % of total receipts/revenues: _____ | | | | | | | |
| 8. Check all that apply with respect to types of autos restored/built: Show only <input type="checkbox"/> Parade only <input type="checkbox"/> Show/Parade <input type="checkbox"/> Muscle Cars <input type="checkbox"/> Hot Rod/Street Rod <input type="checkbox"/> Antique or Classic <input type="checkbox"/> | | | | | | | |
| 9.a. Does any of your staff hold engineering or auto industry certifications? | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| b. If yes, please describe: _____ | | | | | | | |
| 10. Total number of ground-up restorations or full builds you complete in a year: _____ | | | | | | | |
| 11. Do you have any additional interests? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please send details. | | | | | | | |
| 12. Percent of work related to vehicles older than 1980? _____ | | | | | | | |
| 13. Expiring Carrier _____ Expiring Premium _____ | | | | | | | |

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Fraud Prevention - General Warning

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Signatures:

| | |
|-------------------------------------|--------------|
| Authorized Agent: | Date: |
| Business Owner: | Date: |
| Business Owner Printed Name: | |

For more information or help completing this application, please call **866-338-4006** or e-mail restorer@grundy.com. Completed applications can be e-mailed to restorer@grundy.com, sent to the below address, or faxed to 267-966-2246.

Grundy Insurance
400 Horsham Road, Ste. 150
P.O. Box 1957
Horsham, PA 19044

How did you find out about us?

- Referral _____
- Michell T. _____
- Magazine _____
- Internet _____
- Car show _____
- Other _____