

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:	
Type of Work Conducted:			
Number of Employees: _____ Full Time: _____ Part Time: _____ None: _____			
Licensed Business? Yes <input type="checkbox"/> No <input type="checkbox"/>		Gross Annual Sales: \$	
Average <u>Number</u> of Vehicles Stored Overnight: #		Average <u>Value</u> of All Vehicles Stored Overnight: \$	
Driver's License Information for All Owners/ Employees:			
Name	Driver's License No.	Date of Birth	State
*** PLEASE NOTE: Any drivers under the age of 21 are automatically excluded from the policy. ***			
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: _____	
Year Updated: Roof _____ Plumbing _____ Wiring _____ Heating _____			
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): _____			

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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 to customers or shows?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. If yes, approximately how many times per year:			
6. Check all that apply with respect to types of autos restored/built: Muscle Cars <input type="checkbox"/> Hot Rod/Street Rod <input type="checkbox"/> Antique or Classic <input type="checkbox"/> Performance <input type="checkbox"/>			
7. 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:			
8. Total number of ground-up restorations or full builds you complete in a year: _____			
9. a. Do you hold special events at your place of business (Cars & Coffee, etc.)?			
b. If yes, please describe:			
10. Do you have any additional interests? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please send details.			
11. Percent of work related to vehicles 25 years or older? _____%			
Percent of work related to vehicles 25 years or newer? _____%			

Additional Remarks/Coverages Requested

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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.

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.

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Applicant Statement:

I warrant that all vehicles in our shop will be garaged indoors overnight. Furthermore, no vehicle will be driven beyond a 10 mile radius from our shop, unless the vehicle is being delivered to the owner or a show where the vehicle has been entered. All operators of vehicles owned or insured under the policy will be listed in the driver section of this application, unless a vehicle is being driven by a perspective buyer – at which time a listed driver must accompany the perspective buyer. If the owner of a vehicle consigned for service or sale is driving, the owner's insurance shall apply.

Signed & Accepted By:

Signature: _____

Printed Name: _____

Position: _____

Date: _____

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 267-966-2748.

Grundy Insurance

410 Horsham Road, Ste. 100

P.O. Box 1957

Horsham, PA 19044

How did you find out about us?

Referral _____

Magazine _____

Internet _____

Car Show _____

Other _____