**Date:**

**KBK SALVAGE, RECYCLING AND DISMANTLING INSURANCE APPLICATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | |
| Legal Name of Company | | | | Effective Date of Coverage | | |
| Mailing Address | | City: | | State: | Zip Code: | |
| Individual  Partnership | | Corporation  Joint Venture | | LLC  Other (describe) | Years in Business | |
| **Inspection**  Contact: | | | Phone: | | Federal ID# | |
| **LOCATION INFORMATION** | | | | | | |
| # | *Street, City, County, State, Zip Code* | | | | | *Use of Location* |
| 1 |  | | | | |  |
| 2 |  | | | | |  |
| 3 |  | | | | |  |
| 4 |  | | | | |  |
| 5 |  | | | | |  |

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| --- | --- | --- | --- |
| **OPERATION** | **# OF EMPLOYEES** | **PAYROLL** | **RECEIPTS** |
| Salvage/Recycling |  | $ | $ |
| Repair Service |  | $ | $ |
| Used Car Sales |  | $ | $ |
| Tow Truck |  | $ | $ |
| Body Shop |  | $ | $ |
| Service Station |  | $ | $ |
| Tire Sales |  | $ | $ |
| Other (Describe) |  | $ | $ |

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| --- | --- | --- | --- |
| 1. |  | Does the Applicant operate out of residence? | Yes  No |
| 2. | a. b. | Is Applicant involved in anything other than salvage or recycling?  If yes, explain: | Yes  No |
| 3. |  | Does the Applicant own or sponsor a car for racing? | Yes  No |
| 4. |  | Does the Applicant understand all new drivers/employees must be submitted to the insurance company for approval prior to hiring? | Yes  No |
| 5. |  | Does the applicant belong to the Salvage or Recycler State or National Association? | Yes  No |
| 6. | a. | Does the applicant have a state license to operate a salvage operation? | Yes  No |
| 7. | a. b. c. | Does the Applicant carry workers’ compensation insurance?  Policy Period:       Insurance Company: | Yes  No |
| 8. | a. b. c. d. | Does Applicant loan, lease or rent vehicles to others?  If yes, describe:  Are these vehicles included in the attached schedule?  If no, explain why: | Yes  No   Yes  No |
| 9. | a. b. c. d. | Is there a formal safety program in operation?  If yes, number of meetings held monthly:  What type topics are discussed?  Who conducts? (*Include a copy of written safety program if one exists.*) | Yes  No |
| 10. | a. b. | Is applicant subsidiary of another entity or does applicant have any subsidiaries?  If yes, name and describe: | Yes  No |
| 11. |  | What is the total number of vehicles (service, private passenger, tow trucks) the Applicant owns? |  |
| 12. |  | Are customers allowed to pull their own parts? | Yes  No |
| 13. | a. b. c. | Are customers ever allowed in the salvage yard?  If yes, what precautions are taken?  Are “Employees Only” signs posted prominently in areas where customers are prohibited? | Yes  No  Yes  No |
| 14. | a. b. | Are vehicles stacked?  If yes, how many uncrushed cars are stacked upon each other? | Yes  No |
| 15. | a. b. c. d.  e. f. | Does the Applicant own a car crusher?  If yes, how are the crushed cars transported from the premises?  Does the Applicant crush cars for others?  Is the car crusher locked out when not in use (key removed, locked, not operable, etc.)?  Are only trained employees allowed to use car crusher?  Is the car crusher in an area physically separated from where customers are allowed? | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No |
| 16. |  | How does the Applicant dispose of cars that have no value? |  |
| 17. | a. b. c. d. e. | Does the Applicant have any Dealer Plates?  If yes, how many?  Plate numbers:  What are the dealer plates used for?  Any dealer plate(s) permanently attached to a vehicle or used for personal use? | Yes  No  Yes  No |
| 18. |  | Does the Applicant salvage or recycle anything other than vehicles? | Yes  No |
| 19. |  | Are gasoline tanks drained and flushed prior to entering the yard? | Yes  No |
| 20. | a.  b.  c. | How does the Applicant store used motor oil or other pollutants from vehicles?    Describe protection around these tanks:    How are the pollutants removed from the premises or disposed? |  |
| 21. |  | Does Applicant use metal containers with lids to store oily rags and flammable liquids? | Yes  No |
| 22. | a. b. c. | Any welding performed?  If yes, what safety precautions are taken?  Is the welding area separated from the salvage operations? | Yes  No  Yes  No |
| 23. | a. b. c. d. e. f. | Does Applicant own a tow truck?  If yes, is the tow truck used for contract work, police rotation or any towing for others?  Any repossession work?  Snow plowing for others?  Does the Applicant have a vehicle maintenance program?  Does the Applicant haul crushed vehicles? | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No |
| 24. | a. b. c. d.  e. f. | Does the Applicant sell used cars?  If yes, how many cars are sold each year?  Does a salesperson accompany the customer when test driving on **every** test drive?  If no, is the customer’s driver’s license retain for security?  Are there any circumstances where a customer test drives alone without leaving his license?  If yes, explain: | Yes  No  Yes  No  Yes  No  Yes  No |
| 25. | a. b. | Where are the keys for cars for sale kept during open hours?  During closed hours? |  |
| 26. |  | Does the Applicant rebuild cars then sell them? | Yes  No |
| 27. | a. b. c. d. e. | Does Applicant have dogs on premises? If yes, number:       Breed:  Are they Police/security trained guard dogs?  Are “Beware of Dog” signs posted on gate?  Are dogs penned up during business hours? | Yes  No  Yes  No  Yes  No  Yes  No |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Location** | **Fenced** | **Height** | **Gates Locked  at Night** | **Watchman** | **Alarm** | **Well-Lighted** | | Loc. #1 | Yes No |  | Yes No | Yes No | Yes No | Yes No | | Loc. #2 | Yes No |  | Yes No | Yes No | Yes No | Yes No | | Loc. #3 | Yes No |  | Yes No | Yes No | Yes No | Yes No | | Loc. #4 | Yes No |  | Yes No | Yes No | Yes No | Yes No | | Loc. #5 | Yes No |  | Yes No | Yes No | Yes No | Yes No | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Insurance Co.** | **Year** | **Premium** | **Limits** | **Deductible** | **# of Losses** | **Amount** | |  |  | $ | $ | $ |  | $ | |  |  | $ | $ | $ |  | $ | |  |  | $ | $ | $ |  | $ | |  |  | $ | $ | $ |  | $ |   **Attach copy of insurance company loss runs.** | | | |
| 28. | a. b. | Has Applicant ever been cancelled or non-renewed? (*Do not answer if risk is located in MO*) If yes, why? | Yes  No |

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| **COVERAGES AND LIMITS DESIRED** | | | |
| **Automobile Liability** | CSL       *(Up to $1,000,000)* | | |
| $1,000  **Medical Payments** Limit per person  $2,000  $5,000 | | | |
| **Personal Injury** Each limit       *(As required by state law)*  **Protection** | | | |
| **Uninsured Motorists** CSL       *(As required by state law)* | | | |
| **Physical Damage** | Comprehensive deductible | | *Please indicate on schedule which  vehicles desire Physical Damage* |
| Collision deductible | |
| **General Liability** | CSL | | |
| Aggregate       *(Aggregate up to 3 times)* | | |
| **Premises Medical** $5,000 limit per person  **Payments** | | | |
| **Garagekeepers Legal Liability** | Limit Location 1 | | |
| Limit Location 2 | | |
| Limit Location 3 | | |
| Limit Location 4 | | |
| Deductible | | |
| *Note: Adequate limits should be*  **On-Hook/Cargo** Limit **Please indicate on vehicle schedule** *selected to cover the highest valued*  *item “on-hook”/”in-tow.”* | | | |
| **Broadened Property Coverage**  *\*Please note: This coverage can be selected only if Commercial Property Coverage exists.* | | Include    Exclude | |

For Property Coverage complete the ACCORD application

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| **Fraud Warnings:** |
| **ARKANSAS**  “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.” |
| **COLORADO**  “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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.” |
| **DISTRICT OF COLUMBIA**  “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.” |
| **FLORIDA**  “Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.” |
| **KENTUCKY**  “Any person who knowingly and with 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.” |
| **LOUISIANA**  “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.” |
| **MAINE**  “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.” |
| **NEW JERSEY**  “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.” |
| **NEW MEXICO**  “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 civil fines and criminal penalties.” |
| **OHIO**  “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.” |
| **OKLAHOMA**  “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.” |
| **PENNSYLVANIA**  “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.” |
| **RHODE ISLAND** “Notwithstanding any similar requirements in title 28, every claim form and application for insurance, regardless of the form of transmission (not applicable to any claim form for health insurance which is on a form promulgated by the centers for Medicare and Medicaid Services, or in electronic format pursuant to 45 C.F.R. Part 162, or to reinsurance)” |
| **TENNESSEE**  “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.” |
| **VIRGINIA**  “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.” |
| **WEST VIRGINIA**  “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.” |
| **ALL OTHER STATES**  “Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.” |

**NO COVERAGE IS BOUND UNTIL ACCEPTED BY THE COMPANY.**

Date:      Signature of Applicant:

**KBK VEHICLE SCHEDULE**

Insured Name:

Date:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle #** | | | | | | | | | | | | |
| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
| Use of vehicle | | | | | | | | | | Radius of operation | | |
| Describe tow/specialty equipment separately (rotator, etc.) | | | | | | | | | | Garaging Location | | |
| **Vehicle #** | | | | | | | | | | | | |
| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
| Use of vehicle | | | | | | | | | | Radius of operation | | |
| Describe tow/specialty equipment separately (rotator, etc.) | | | | | | | | | | Garaging Location | | |
| **Vehicle #** | | | | | | | | | | | | |
| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
| Use of vehicle | | | | | | | | | | Radius of operation | | |
| Describe tow/specialty equipment separately (rotator, etc.) | | | | | | | | | | Garaging Location | | |
| **Vehicle #** | | | | | | | | | | | | |
| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
| Use of vehicle | | | | | | | | | | Radius of operation | | |
| Describe tow/specialty equipment separately (rotator, etc.) | | | | | | | | | | Garaging Location | | |
| **Vehicle #** | | | | | | | | | | | | |
| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
| Use of vehicle | | | | | | | | | | Radius of operation | | |
| Describe tow/specialty equipment separately (rotator, etc.) | | | | | | | | | | Garaging Location | | |
| **Vehicle #** | | | | | | | | | | | | |
| Year | | Make | | Model | | Body Type | | Full Serial Number | | | Stated Amount | |
| GVW | Class Code | | On-Hook Limit | | **Deductibles:** | | **Comp** | | **Collision** | | | **On-Hook** |
| Use of vehicle | | | | | | | | | | Radius of operation | | |
| Describe tow/specialty equipment separately (rotator, etc.) | | | | | | | | | | Garaging Location | | |

**KBK DRIVER LIST Date:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Driver’s Name | DOB | Date of Employment | Status | Commercial Driving Experience | Tow Truck Experience | Company Use Only | | | |
|  | | | | | | VIOL | ACC | DEL | ADD |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
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|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |
|  |  |  | Part-Time  Full-Time |  |  |  |  |  |  |

Have you identified every possible driver of an insured vehicle including those who may fill in during peak periods and emergencies?

(Such as members of households, friends, etc.)?  Yes  No

|  |  |
| --- | --- |
| Name of Applicant:       , understands and agrees that on any proposed addition or substitution of driver, the MVR must be submitted to the insurance company for approval prior to hire. | |
|  | Applicant Signature: |

ADDITIONAL NOTES: