

# Car Washes Other Than Self-Service Liability

## Program Insurance Application

BROKERING AGENT'S REGISTER NUMBER # \_\_\_\_\_

<b>CARRIER: GRANADA INS. CO.</b>		<b>UNDERWRITER:</b>		<b>DATE:</b>	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		<b>TOTAL PREMIUM:</b>	

**APPLICANT INFORMATION**

NAMED INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
INDIVIDUAL: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:	
INSPECTION CONTACT:			ACCOUNTING RECORD CONTACT:		
PHONE:			PHONE:		

**PREMISES INFORMATION**

LOC 1	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:
LOC 2	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:

**BUSINESS INFORMATION**

BUSINESS OF INSURED (DESCRIBE):
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**COMMERCIAL GENERAL LIABILITY - OCCURRENCE FORM**

CGL Property Damage Deductible \$500

COVERAGE	LIMITS	
Each Occurrence / Aggregate C S L	\$	← PRODUCTS AND/OR COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT
Products and Completed Operations Aggregate	\$ 0	
Personal & Advertising Injury	\$	
Fire Damage (any one fire)	\$ 50,000	← MAX LIMIT AVAILABLE \$50,000
Medical Expense (any one person)	\$ 1,000/10,000	← MAX LIMIT AVAILABLE \$1,000/10,000

**SCHEDULE**

CLASS CODE	CLASSIFICATION	PREMIUM BASIS (S)
10367	Car washes - other than self-service including products and/or completed operations	\$

Number of full-time employees (excluding clerical / sales people) :
Number of officers or partners:

**ADDITIONAL INSURED EXPLAIN INTEREST**

NAME: ADDRESS:	SPECIFY INTEREST:
NAME: ADDRESS:	SPECIFY INTEREST:

Agent to provide company with a copy of each certificate of insurance issued

**OPERATION INFORMATION**

Yes No

1) Does applicant conduct car washing operations at any place other than the premises location listed in this application?		
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**PRIOR CARRIER INFORMATION**

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

**LOSS HISTORY**

Enter all claims or occurrences that may give rise to claims for the prior 3 years

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years?  Yes  No  
If yes, explain:

Personal information about you may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the down payment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

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 of the third degree.

This application is in compliance with Florida Statute 626.752 A copy has been furnished to the applicant or insured and coverage is ( ) Bound effective \_\_\_\_\_(Time)\_\_\_\_\_ (Date) ( ) Not Bound  
I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_