

# CAR WASH SUPPLEMENTAL APPLICATION

Instructions: Explain all "Yes" answers and complete all applicable sections.

Named Insured \_\_\_\_\_

GENERAL CAR WASH INFORMATION
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Hours of operation	_____	to	_____	<input type="checkbox"/>	24 Hours
Are there any vehicle sales?	<input type="checkbox"/>		YES		NO
Are any vehicles loaned, rented or leased?	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO
Any automotive repair services completed on premises?	<input type="checkbox"/>		YES		NO
Any dealer plates?	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO
Are there any LPG sales?	<input type="checkbox"/>		YES		NO
Any towing operations?	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO
Is cutting or welding done on the premises?	<input type="checkbox"/>		YES		NO
Are customers warned about restricted areas?			YES	<input type="checkbox"/>	NO
Any dogs on the premises?	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO
Does the insured contract out any work?	<input type="checkbox"/>		YES		NO
- If yes are certificates of insurance obtained?	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO
Are wood stoves, waste oil heaters or space heaters used?	<input type="checkbox"/>		YES		NO
- If yes were they installed by licensed contractor?	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO
Are bill changers located in a well lighted area?			YES	<input type="checkbox"/>	NO
Is the building equipped with an alarm system?			YES	<input type="checkbox"/>	NO
- If yes is it	<input type="checkbox"/>	Central Alarm	or	<input type="checkbox"/>	Local Alarm
Are video surveillance cameras present?			YES	<input type="checkbox"/>	NO
Are firearms kept on the premises?	<input type="checkbox"/>		YES		NO
Do exterior doors have double cylinder dead bolt locks?			YES	<input type="checkbox"/>	NO
Do you use chemicals containing Hydrofluoric Acid (HF)?	<input type="checkbox"/>		YES		NO
Do you use chemicals containing Ammonium Bifluoride (ABF)?	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO

Explanation: \_\_\_\_\_

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## FULL SERVE/EXTERIOR

Do employees drive customer's vehicles?		YES	<input type="checkbox"/>	NO
- <i>If yes are MVR's obtained?</i>		YES	<input type="checkbox"/>	NO
- <i>Do drivers wear distinguishing clothing?</i>		YES	<input type="checkbox"/>	NO
Are vehicles kept overnight?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are handicapped vehicles operated by managers only?		YES	<input type="checkbox"/>	NO
Does the business offer pick-up and/or delivery service?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
- <i>If yes how frequently?</i>				
Is there a procedure to note pre-existing damage?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are customers advised of potential risks to customized equipment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are vehicle height precautions taken?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*Explanation:* \_\_\_\_\_

\_\_\_\_\_

## SELF SERVE

Is the car wash attended?		YES	<input type="checkbox"/>	NO
- <i>If yes what hours?</i>			<i>Number of hours daily</i>	
Are tokens/credit cards used?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are bay floors heated?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are there triggers on the wands?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*Explanation:* \_\_\_\_\_

\_\_\_\_\_

## GASOLINE SALES

Are canopy areas well lighted?		YES	<input type="checkbox"/>	NO
Are pumps protected by an automatic suppression system?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Number of Fuel Pumps?				
Is pollution coverage provided?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*Explanation:* \_\_\_\_\_

\_\_\_\_\_

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## LUBE

Are employees required to attend training?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is all work double checked?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are customers allowed in the shop area?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are the pits protected by nets or other safety devices?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*Explanation:*

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## CONVENIENCE STORE

Is the operation 24 hours?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Number of employees on duty at any given time?				
Is alcohol sold?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<i>- If yes are id's required?</i>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have panic button devices?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are cash drawers emptied and left open at night?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are isles kept clear for customers?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are exits clearly marked?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*Explanation:*

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*Additional Remarks:*

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