

Supplemental Survey – Express Package



AGENCY YouZoom Insurance Services, Inc. 6900 College Blvd., Ste. 1000 Overland Park, KS 66211	Producer Name:		Date:
	Territory:		<input type="checkbox"/> New Quote <input type="checkbox"/> Change Order
	Phone:		<input type="checkbox"/> Renewal <input type="checkbox"/> Additional Page
	E-mail Address:		

GENERAL INFORMATION

Proposed Effective Date:		Proposed Exp Date:	
Named Insured (Legal):		DBA Name:	
Total number of employees, including owners and officers:	Full-Time:	Part-Time:	Total Gross Sales:

GENERAL ELIGIBILITY APPLICANT HAS MET ALL OF THE FOLLOWING CRITERIA

Applicant has 10 or fewer locations?
Applicant has 10 or fewer Power Units (includes no more than three tow trucks)?
Applicant has Total Insured Property Values of \$5,000,000 or less per location OR \$10,000,000 or less per policy for all locations?
If any location is in public protection class 9 or 10, the total insured value does not exceed \$1,000,000 at that location?
Each business operates out of a fixed location?
Applicant has a minimum of three years in business or equivalent industry management experience?
Applicant has 50 or fewer employees?
Applicant is requesting a Commercial Umbrella limit no higher than \$5 million?
Towing exposures with a vehicle owner identification/verification and release process?
Towing exposures with appropriate driver training and background checks?
All buildings have no more than four stories?
Required Life and Fire Safety codes are met at all locations?
Gross sales from car wash or tire distribution operations are less than 20% of total gross sales for the account?
Applicant's loss ratio for the last 3-4 years average less than 40% or have 3 or fewer losses per line of business or 5 total losses for the last 3 yrs?
Note: If Applicant has a Loss Ratio and/or loss factor that does not meet the above requirement, and if you wish to proceed with your quote, please provide additional details and any explanation of losses below including date of loss, corrective measures taken by the applicant to prevent future losses:

PROGRAM INELIGIBILITY APPLICANT DOES NOT HAVE ANY OF THE FOLLOWING EXPOSURES

The direct importing of foreign products from a manufacturer who does not have any U.S. operations
Commercial marine sales, service or repairs
Residential or habitational properties
Service stations primarily involved with gasoline sales
Primary operations involving car washes, grocery stores or convenience stores
Parts rebuilding operations done by the named insured or applicant
Tire retreading operations
Glass Dealers or Towing Exposures without appropriate background checks for employees that have contact with the public
Machining, car washing, and gasoline sales exposures
Operations with vehicle or trailer sales, rental or leasing
Operations predominantly involving the sales or repairs of industrial equipment, power equipment, or agricultural equipment
Operations with Multi State locations are ineligible
Accounts with any previous lapses in coverage in the last three years

Supplemental Survey – Express Package



UW - PROPERTY		
Do any of the applicant's locations include vacant buildings or properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of the applicant's locations located on a barrier or offshore island?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any property located within one mile from the ocean, gulf, bay, seacoast, or Intracoastal Waterway unless wind is excluded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location in ISO Public Protection Class 9 or 10 with total insured values of \$1,000,000 or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any location(s) not protected by a central station fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any location(s) not protected by a central burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are painting operations being conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there are painting operations being conducted is there a prefabricated booth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there is a prefab booth, is it equipped with fire suppression system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the prefab booth is not equipped with a fire suppression system, is TIV >\$2M?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to above, number of hours in booth daily?		
If Yes to above, how often are the exhaust fans and filters inspected and cleaned?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Please provide details on how the applicant handles, stores, transports, and disposes of motor oils, paints, thinners, solvents or other flammable or hazardous materials (Examples: UL containers, metal cabinets, separation from welding area, third party disposal firm, etc.):		

UW - GENERAL LIABILITY		
Does applicant have any operations involving used tire sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant have any operations involving any welding on LPG or Bulk Gasoline trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant have 20% or more gross receipts from service work on buses, emergency vehicles, garbage trucks or other haz-mat hauling trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant allow customers unsupervised access in the service area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant allow work performed on customer(s) vehicle to be completed without a second check by another technician or manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant install glass in any residential or commercial buildings or properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant perform any remanufacturing, modifications, alterations or rebuilding of parts/products of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant perform any machining or repackaging of parts of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant sell used tires or do any tire retreading or sell retreaded tires?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Earthquake or Earthquake Sprinkler Leakage requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any applicant experienced any bankruptcies, receiverships, tax or credit liens against them in the last (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION - PACKAGE		
Does the applicant conduct pre-employment drug testing or random drug testing after employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant conduct background checks for all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use a GPS system or some other form of driver monitoring system on your vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant hold regularly scheduled safety meetings with employees and managers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant make use of any type of security animal as protection for any premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant have a formal written safety manual or an employee handbook?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supplemental Survey – Express Package



Has the applicant's roof, electrical systems, or plumbing systems been updated within the last 15 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the applicant's buildings properly equipped with emergency exit signs and lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all of the applicant's buildings properly equipped with fire or smoke detector systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant's fire extinguishing equipment or systems regularly checked by a qualified contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the applicant has either central fire station alarms and/or burglar alarms, are they UL Certified systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is smoking prohibited inside the applicant's premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant provide any loaner or rental vehicles to customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does the applicant utilize a Customer Loaner or Rental Agreement? Copy of Rental Agreement will be requested to bind	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide further explanation on any of the above answers or any additional details concerning other safety precautions or procedures implemented in your business:	

APPLICATION - AUTO

Do any of the applicant's vehicles haul bulk quantities of explosives, caustics, corrosives, flammables, or other hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all employee, non-employee, and family member drivers been included in the driver list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the applicant's vehicles regularly driven beyond a 200 mile radius?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your employees or any non-employee drivers of company vehicles have less than 2 years driving experience or a license currently under suspension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is personal use of company vehicles allowed for employees or family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employee or non-employee drivers under age 21 or 65 or older have any violations or accidents on their motor vehicle record or have been involved in a collision accident in the last 36 month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any drivers over the age of 70?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any policy or coverage been declined, cancelled or non-renewed during the last (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been cited for violations or non-compliance with any Motor Vehicle Department or D.O.T. regulations regarding vehicle safety or driver requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any tow truck operators that are age 25 or younger?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION - UMBRELLA

Does the primary general liability insurance provide Employee Benefits Liability Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is terrorism coverage included in any primary liability insurance policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant own, maintain, operate, use, lease, rent, repair, entrust to others, load or unload any watercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant engage and provide sponsorship to any sports teams or events as part of their business operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant lease, rent or loan any vehicles, equipment, or machinery to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant hold or sponsor any type of parades, fireworks, races, or other similar special events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Workers Compensation Underlying Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does your Workers Compensation carrier have an AM Best rating of A- or better?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant had any previous umbrella or excess liability losses in the past 4 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No