

MUSIC Auto Dismantling & Salvage Yard
Supplemental Application



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1. Agency Code: Agency:
 2. Phone: Fax: Web site:
 3. E-Mail Address:
 4. Number of years in Business: Number of years experience if New Venture:
 5. Business Name (dba.):
 6. Physical Address: City: State: Zip:
 7. Contact Person: Phone: Fax:

Business Information:

8. Please provide total gross revenue:
 - ☐ For the Last 12 months: \$
 - ☐ Projected for the next 12 months: \$
9. Please breakdown projected gross revenues as follows:
 - ☐ Auto Salvage Yard Operations, including parts sales: \$
 - ☐ Scrap metals salvage, not auto: \$
 - ☐ Towing operations: \$
 - ☐ Auto Repair: \$
 - ☐ Auto sales, entire autos: \$
 - ☐ Other operations: \$
10. Please provide total payroll excluding the owners, partners, and/or corporate officers:
 - ☐ For the Last 12 months: \$
 - ☐ Projected for the next 12 months: \$
11. Number of owners, partners, corporate officers:
12. Number of employees: Part time: Full time:
13. Please describe fencing around salvage yard (i.e., height, construction, gates, etc.):
14. Please describe all other premises security:
 - ☐ Guard Dogs? ☐Yes ☐No type:
 - ☐ Warning, No trespass signs? ☐Yes ☐No
 - ☐ Security Lighting? ☐Yes ☐No
 - ☐ Additional Comments:
15. Does applicant operate:
 - ☐ Crushers or compactors ☐Yes ☐No

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- ☐ Cranes ☐ Yes ☐ No
☐ Lift Trucks ☐ Yes ☐ No
☐ Sale of Salvaged or Used Autos ☐ Yes ☐ No if yes, describe:
☐ Yard Trucks ☐ Yes ☐ No

16. Does applicant handle or distribute LPG, or other compressed gasses? ☐ Yes ☐ No If yes, please describe:

Business Information:

17. Does applicant stack autos in yard? ☐ Yes ☐ No If yes, please describe:
18. Are customers allowed in yard? ☐ Yes ☐ No
19. Are customers allowed to remove parts ("Pull Your Own Parts"? ☐ Yes ☐ No
20. Do employees accompany customers in yard at all times? ☐ Yes ☐ No
21. Does applicant treat or repair any salvaged parts prior to re-sale? ☐ Yes ☐ No If yes, please describe:
22. Describe how waste oil, old batteries, and tires are stored and handled:
23. Does applicant test incoming materials/loads for radioactivity? ☐ Yes ☐ No If yes, please describe method used:
24. Is the yard fully fenced? ☐ Yes ☐ No If no, give details:
24. Please describe on-site fire protection:
25. Have fire extinguishers been serviced & tagged within the past year? ☐ Yes ☐ No
26. Describe general appearance of operations (i.e., are floors kept free from oil and grease, are aisles and part racks neat and orderly):
Please describe experience of insured and employees:
27. Please attach a diagram of the premises including approximate dimensions, locations of buildings and neighboring property.
28. Please attach photos of buildings.

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I understand that this is an application for insurance only and that the completion and submission of this application does not bind coverage with any insurance company.

Signature _____ Date _____

Print Name _____ Title _____

**PRIOR TO COVERAGE BEING BOUND
APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED AND ORDER INSPECTION AFTER BINDING.**