

ACCIDENT/MADISON INSURANCE COMPANY
AUTO DISMANTLING & SALVAGE YARD SUPPLEMENTAL

(Complete in addition to an Acord Application)

AGENT INFORMATION:

AGENT:	AGENT PH:
PRODUCER:	EMAIL:

APPLICANT INFORMATION:

<i>APPLICANT:</i>
<i>LOCATION ADDRESS:</i>
<i>WEBSITE:</i>

UNDERWRITING INFORMATION:

1. Total Receipts projected for next 12 months:	\$
2. Total Receipts last 12 months:	\$
3. Any operations other than used parts or scrap metal sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:	
4. Is yard completely fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any guard dogs used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Warning/No-trespassing signs posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are customers allowed in yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are customers permitted to remove parts from junk cars?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Any machinery or equipment salvaged other than autos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you currently carry any general liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is the expiration date?	
11. Any prior GL claims during the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	

I HAVE REVIEWED MY ANSWERS ABOVE AND HERBY ATTEST THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND NO MATERIAL FACTS HAVE BEEN OMITTED, MIS-STATED OR MISREPRESENTED.

Applicants Signature/Date

Producers Signature/Date