

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
Phone: (800) 752-8402 • Fax: (317) 776-6891
www.roushins.com • Email: quote@roushins.com

ANTIQUÉ AND CLASSIC AUTO RESTORATION SUPPLEMENTAL APPLICATION (Must accompany WHI APP-138 Application For Garage Policy or WHI APP-135 Garage Renewal Application)

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

Name of Applicant: _____

1. How many years experience do you have with auto restoration?
2. What is the training and experience of your employees? _____

3. What makes and models do you restore? _____
4. Do you perform ground-up restoration?..... Yes No
Do you perform partial restoration? Yes No
If partial, do you inspect the frame, steering, gas line and tank, wiring system and brakes for corrosion? Yes No
What is your procedure? _____

5. Do you use “after market” parts?..... Yes No
How experienced are you in their use? _____
6. Do you use “used” parts?..... Yes No
7. Do you perform auto frame work? Yes No
(indicate auto frame work performed and percentage of work for each)
 Welding % Cutting %
 Stretching % Straightening..... %
What type of frame straightening equipment is used? _____
8. Do you keep records of the cost of all parts associated with an auto’s restoration?..... Yes No
9. Do you repair drum brakes?..... Yes No
10. Are all autos and auto parts kept at your location? Yes No
11. How are parts cleaned? _____
Describe your parts washing system: _____

12. Are solvents stored safely? Yes No
Describe any system or procedures you use to maintain a safe environment: _____

13. How do you dispose of old oil and gas? _____
14. Describe your paint booth: _____

15. Are you a custom, artistic paint operation (any damages relating to custom paint jobs are calculated based on the cost of standard factory paint)? Yes No

16. Do you offer storage of autos? Yes No
Describing the facility, how are the autos protected from fire, theft or vandalism? _____

17. How much and what operations are subbed out? _____
Do you get certificates of insurance from your subcontractors? Yes No

18. Do you use disclaimer forms signed by your customers?..... Yes No

19. What warranty, if any, do you give? _____

REMARKS: (Use this section to expand on answers that need further explanation): _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK (automobile): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANTS NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____