

**National Casualty Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258



**Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**COLLISION AND RESTORATION SUPPLEMENTAL APPLICATION**  
**(To be completed in addition to CGZ-APP-6 Application for Garage Policy)**

Applicant Name: \_\_\_\_\_

1. What is the training and experience of your employees? \_\_\_\_\_
2. What makes and models do you restore? \_\_\_\_\_
3. Do you inspect the frame, steering, gas line and tank, wiring system and brakes for corrosion? .....  Yes  No  
What is your procedure? \_\_\_\_\_
4. Describe your parts washing system: \_\_\_\_\_
5. Are solvents stored in a fire-resistive cabinet? .....  Yes  No
6. Describe any system or procedures you use to maintain a safe environment: \_\_\_\_\_  
\_\_\_\_\_
7. How are the following stored and discarded:  
Used tires: \_\_\_\_\_  
Automotive fluids (e.g., motor oil): \_\_\_\_\_  
Batteries: \_\_\_\_\_
8. Are you a custom, artistic paint operation? .....  Yes  No  
(Any damages relating to custom paint jobs are calculated based on the cost of standard factory paint)
9. Do you fabricate/manufacture any parts?.....  Yes  No  
If yes, explain: \_\_\_\_\_
10. Do you use disclaimer forms signed by your customers? (provide copy) .....  Yes  No
11. Do you keep records of the cost of all parts associated with an auto's restoration? .....  Yes  No
12. What warranty, if any, do you give? (provide copy) \_\_\_\_\_

**REMARKS:** (use this section to expand on answers that need further explanation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Refer to the application form for state fraud warnings.**

Applicant or authorized representative of the applicant, confirm and warrant that all of the above are true and accurate representations of my garage operation.

APPLICANT'S NAME/TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an authorized representative, owner, partner or executive officer)

PRODUCER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_