

National Casualty Company

Home Office: One Nationwide Plaza
Columbus, Ohio 43215

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



SierraSpecialty

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

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Scottsdale Surplus Lines Insurance Company

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**GARAGE APPLICATION SUPPLEMENT
SALVAGE YARD SUPPLEMENTAL APPLICATION**

(To be completed in addition to CGZ-APP-6 Application for Garage Policy)

1. Where did you receive your training? _____
2. What is the training and experience of your employees? _____
3. Is your yard completely fenced? Yes No
What is the height of the fence? _____
4. Is the yard kept separate from the rest of the operations? Yes No
5. Are customers permitted to pull their own parts? Yes No
6. If customers are allowed in the salvage yard, are they accompanied? Yes No
7. Provide gross receipts for the following that are applicable to your operations:
 Auto part sales: \$ _____
 Auto sales: \$ _____
 Scrap metal operations (non-auto): \$ _____
 Towing operations: \$ _____
 Other operations: \$ _____
8. Do you warrant parts, autos or repairs? Yes No
If yes, attach a copy of warranty.
9. Do you stack vehicles? Yes No
If yes, how high? _____
Do you use a rack to stack vehicles? Yes No
If yes, provide the Manufacturer and Model Number: _____
10. What percentage of vehicles on your lot are:
 Inoperable: %
 Operable: %

11. What percentage of vehicles on your lot require?

Cosmetic repair:..... %

Mechanical repair: %

Structural repair: %

Frame straightening:..... %

12. List any specialized equipment you own (including forklifts, front end loaders, etc.): _____

13. How are the following stored and discarded:

Used tires: _____

Automobile fluids (ex: motor oil): _____

Batteries: _____

14. How do you dispose of vehicles that no longer have any value to you? _____

15. Do you have your own car crusher?..... Yes No

If yes, are your employees trained to use it?..... Yes No

Is it fenced with no customer access?..... Yes No

No

What safety measures are in place? _____

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 AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an authorized representative, owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____