



AUTOMOBILE RECYCLERS APPLICATION

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. **Name of Applicant** (And all Subsidiaries):

Mailing Address:

Website Address: _____

2. **Description of Operations:** _____

Other Locations:

3. How long has applicant been in business under the above name?: _____

4. **Description of Business Operations:**

5. Are there any sales or operations outside Canada?

Yes

No

If yes, please describe where sales go (country) in detail and provide percentage of receipts:

6. **Total payroll:** _____ **No. of Employees:** _____

Are all employees covered under WSIB or Worker's Compensation? Yes No

If No, please list numbers by job description and estimated payroll:

| Job Description | Payroll |
|------------------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Do you have licensed mechanics on staff? Yes No

7. **Breakdown of Receipts:**

| | |
|--------------------------------------|-------|
| Sale of used parts | _____ |
| Sale of scrap | _____ |
| Repair | _____ |
| Sale of rebuilt or repaired vehicles | _____ |
| Tow truck operations | _____ |
| Off-premises welding | _____ |
| Any other operations(describe) _____ | _____ |

8. Do you employ sub-contractors? Yes No
If yes, what operations do they perform?

Total estimated annual payments: _____

Do you require all sub-contractors to provide proof of liability insurance? Yes No

If Yes, what limit? _____

9. **Buildings or Premises** (Please list on separate sheet if more space is required).

All Locations (provide description of locations also):

- a) _____
- b) _____
- c) _____

10. Does applicant have any agreements assuming liability?
If so, please **describe and provide copies.** Yes No

11. Does applicant own/operate tow trucks or is this contracted out to a Third Party?

Are all tow trucks licensed? Yes No

12. Are any critical used parts being sold? (i.e. critical operating parts such as front end parts, brake, steering parts, etc.) Yes No

List products sold and provide revenue:

13. Is there any warranty on parts/service? If so, describe in detail (**attach copy** if possible):

14. Are customers allowed to harvest parts themselves?
If Yes, describe procedure: Yes No

15. Confirm compound is fenced and describe any additional security (e.g. how high is the fence, is there barbed wire at the top of the fence):

Are there any guard dogs? Yes No

16. Are all fluids, fuels and refrigerants removed and placed in approved receptacles before vehicles are stored?

17. State approximate quantity of tires and how they are stored:

18. Does applicant presently carry insurance? Yes No

If yes, who is present insurer _____

Premium: _____

Limit: _____

19. Is the present insurance Claims Made? Yes No If Yes, state retro date: _____

Are they willing to renew? Yes No

If No, please explain: _____

Does the policy cover all operations of the Insured? Yes No
If No, please describe: _____

20. **Claims History**

Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

| Date of Occurrence | Describe Occurrence And Injury or Damage | A M O U N T | | | | Status |
|--------------------|--|-------------|------|----------|------------|--------|
| | | Reserve | Paid | Expenses | Deductible | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Are you aware of any other incidents which may result in claims against you? Yes No

If Yes, give details: _____

21. **Accident Prevention and First Aid**

First Aid Post:

Doctors: _____ Full Time: _____ Part Time: _____

Nurses: _____ Full Time: _____ Part Time: _____

Fire alarm – other warning systems: _____

Is there a security officer or are there loss prevention engineers employed? Yes No

22. Please indicate limit(s) of liability required: _____

*Please note that Non-Owned Auto is not offered for this type of risk.
Garage automobile Policy may be required.*

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**