

***Auto Service Center
Insurance Program
Application***

Submit To:

Excel|Sure Insurance Services

1041 W. 18th Street, Suite A204
Costa Mesa, CA 92627-4550
Toll-Free Phone: (800) 987-5051
Toll-Free Fax: (877) 987-5051
www.excelsure.com

Quick Quote Program Application

Business Name: _____

Location Address: _____

Contact Name: _____ Phone: _____ Fax: _____

Email: _____ Company Website: _____

Years in Business: _____ Business Entity: _____ Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____ Other

Federal I.D. Number: _____ Hours of Operation: _____

When Do Your Policies Renew?

Insurance Carrier

No. of Losses In Past 3yrs

General Liability/Property: _____

Business Auto: _____

Workers Compensation: _____

ANSWERS	GENERAL INFORMATION
	Do You Own or Lease the Building You Occupy?
	Construction Type of Building?
	Original Year Built?
	Square Footage Occupied?
	Do You Have Automatic Sprinkler System?
	Do You Have a Central Station Burglar Alarm?
	Total Value of Business Personal Property?
	Total Value of Employee Tools?
	Garagekeepers Liability Limit?
	Are You a Franchisee?
	Are you an ASE, AAA or Gold Class I-Car Certified Shop?
	Number of Auto Service Mechanics?
	Number of Service Bays?
	Do You Service Commercial Trucks & Trailers?
	Do You Service Construction & Farming Equipment?
	Do You Service RV's and/or Motorhomes?
	Do You Service Motorcycles and/or Off-Road Vehicles?
	Do You Tow for Hire?
	Do You Offer a Blue Cross Health Plan to Employees?

Class Code	Payroll	No. of Employees
_____	_____	_____
_____	_____	_____
_____	_____	_____
Describe All Of The Service Work Your Auto Shop Provides?		

Estimated Annual Gross Receipts/Sales?		
\$ _____		