

Heffernan Insurance Brokers
AUTOMATIC TRANSMISSION REBUILDERS ASSOCIATION
Commercial Package, Automobile and Workers' Compensation Application

Company Name: _____ Telephone: _____
Physical Address: _____ Fax: _____
City/State/Zip: _____ E-mail: _____
Contact: _____ Form of Business: Individual ___ Partnership ___ Corporation ___
Year Business Established: _____ Years of Management Experience: _____ Member of ATRA? Y / N Member#: _____

GENERAL QUESTIONS

Do you do any work other than transmission rebuilding/repair? Y / N If yes, what percentage of your business? _____
Describe what else you do: _____
Do you perform work on vehicles in excess of 20,000 lbs. GVW, motor homes, specialized vehicles, vehicles used for public transportation or emergency vehicles? Y / N Please describe: _____
Do you do any welding on the premises? Y / N If yes, is it for other than transmission or automotive repairs? Y / N
Do you have a tow truck? Y / N Do you perform towing operations for anyone other than your customers? Y / N
Do you provide loaner vehicles? Y / N Do you have any service contracts? Y / N With whom? _____

<u>Expiring Policies</u>	<u>Current Carrier</u>	<u>Expiration Date</u>	<u>Expiring Premium</u>
Liability/Package	_____	_____	_____
Automobile	_____	_____	_____
Workers' Compensation	_____	_____	_____

GARAGEKEEPERS INFORMATION

Maximum number vehicles stored inside building: _____ What are your current Garage Keepers limits? _____
Are customers' vehicles stored outside? Y / N Fenced? Y / N What are your key controls? _____

PACKAGE INFORMATION

Construction: _____ Sq. Feet _____ Year Built: _____
If building is 25+ years, updates Roof _____ Electrical _____ Plumbing: _____ Heating _____
Insurance Amounts Requested: \$ _____ Building (Cost to Rebuild) _____
\$ _____ Contents (Incl. Co. Owned Tools) \$ _____ Employee Tools (Only Tools Owned by Employee) _____

GENERAL LIABILITY

Number of Technicians: _____ Gross Sales Receipts: _____

AUTOMOBILE

	Description (include year, make model and VIN)	Cost New	Garaging City & Zip
1.	_____	_____	_____
2.	_____	_____	_____

Have you had any Garage Package claims in the last three years?

Yes	No
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WORKERS' COMPENSATION

Federal Employer Tax ID #: _____

Classifications	# Part Time Employees	# Full Time Employees	Estimated Payroll for next 12 Months
Transmission Repair	_____	_____	\$ _____
Clerical	_____	_____	\$ _____

Names of Owners/Partners and their percent of ownership:

<u>Name</u>	<u>Title</u>	<u>% of Ownership</u>	Exclude from Coverage	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
Have you had any known Workers' Compensation claims in the last three years?			Yes	No