

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: _____