

MASTER MECHANIC'S TOOL PROTECTION PROGRAM

A program of insurance designed for elite automotive facilities and their mechanics

Offered exclusively through **HARTFORD FIRE INSURANCE COMPANY** and administered by

LOYD KEITH FRIEDLANDER PARTNERS, LTD. 18 Prospect Street, Huntington, NY 11743

631 424 2600 fax 631 424 4533

APPLICATION FOR FACILITY COVERAGE

Facility Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____ Website _____

Contact _____ Accountant Name/Phone _____

TELL US ABOUT YOUR FACILITY

Number of Mechanics Requiring Coverage _____ (\$10,000 per Mechanic)

Total value of items greater than \$1,500 \$ _____ (complete schedule page please)

Total value of FACILITY owned permanently installed items as follows: Dynamometer

\$ _____ Lifts \$ _____ Permanently installed compressors \$ _____

Current Insurance Carrier Name and Expiration Date _____ / ____ / ____

If you are affiliated with or are a franchise (Shell, Amoco, Midas etc) name of franchise _____

Do you own your building _____ Do you have a working central station alarm _____

Is your shop the sole occupant in your building? ____ Is your building __ Frame __ Brick

Have you had property losses in past 5 years Yes No Have you ever declared bankruptcy? Yes No

Attachments Required:

Scheduled Property Roster Attached with _____ Mechanics.

I understand that coverage is NOT bound until a deposit is received, coverage is approved and a written binder is issued. The information provided will be used as a basis for determining eligibility. I have provided truthful responses to the questions asked:

Printed Name of Facility Owner _____ **Date** _____

Signature of Facility _____