

AUTO SERVICE PROGRAM including GAS STATIONS APPLICATION

First Choice Insurance Agency has joined with several insurance companies to bring you a competitive insurance program. For your free no-obligation quotation complete this application and return to our office. We will contact you within 48 hours with your quotation*. If you prefer to meet with an experienced agent contact Jeffrey Cassedy.

Note: For multiple locations, please complete separate application for each location.

First Choice Insurance Agency
Jeffrey Cassedy - Agent of Record
Direct Line: 703-382-2342 Fax: 703-483-9934 E-mail: JGC@FCIAGENCY.COM
P.O. Box 150337, Alexandria, VA 22315

Business Name	<input type="text"/>		
Physical Address	<input type="text"/>		
Contact	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Number of Employees	<input type="text"/>	Years in industry/ experience	<input type="text"/>

Description of Operations (check all that apply and provide annual sales information)

Mechanical Repair Annual Sales \$	<input type="checkbox"/>	Body Shop Annual Sales \$	<input type="checkbox"/>	Gas Station Annual Sales \$	<input type="checkbox"/>
Convenience Store Annual Sales \$	<input type="checkbox"/>	Tire Dealer Sales/Service Annual Sales \$	<input type="checkbox"/>	Car Wash Annual Sales \$	<input type="checkbox"/>

Hours of Operation: From _____ to _____

If 24 hours, number of employees/attendants on duty during late evening/early morning hours? _____

Any Vehicle Sales? _____ If so average cost and age of vehicles? _____
Number of vehicles sold per year? _____

Any Towing Operations? _____ If so number of tow trucks? _____
Any roadside work? _____ Estimated number of jobs per day? _____
Radius of operations (miles)? _____

Dealer & Transporter Plates

Number of dealer plates? _____

How are dealer plates being used? _____

Number of transporter plates? _____

How are transporter plates being used? _____

Garage keepers

Maximum # of autos kept on premises at any time? _____

Number of service bays? _____ Average value per auto kept on premises? _____

Property

Do you own the building? _____ If so what is the replacement cost? _____

What is the value of your Business Personal Property? _____

What is the construction type of the building (masonry, frame, metal)? _____

What year was the building built? _____ Is the building sprinklered? _____

Worker's Compensation (if you would like quote please complete the following)

Describe employee duties _____ Annual Payroll? _____

Other duties, please describe _____ Annual Payroll? _____

Other duties, please describe _____ Annual Payroll? _____

Business Auto (if you would like quote please provide the following)

Year, Make, Model and ID Number for each vehicle

- 1.
- 2.
- 3.
- 4.

Claims - please provide details of any claims (all lines) in past 3 years.

*Additional information may be necessary. Not all businesses will qualify for quotation.

If any questions contact Jeffrey Cassedy @ 703-382-2342 or e-mail JGC@FCIAGENCY.COM