

**GARAGE / DEALERS LIABILITY**

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**RESEARCH TECHNICAL SERVICES**

Acct. #: **G100**  
 Acct. Name: **GREAT INS CO LLC**  
 Policy #: **CCG999999**  
 Due Date:

Insured: **BILLY'S USED CARS**  
 Survey Address: **3223 WEST HWY 1**  
 City/State: **SOMECITY, SC 99999**  
 Contact: **BILLY J SAMSON**

**SYMBOLS**     **COMMENTS/RECOMMENDATIONS**     **SATISFACTORY**     **NOT APPLICABLE OR NONE**

**CONSTRUCTION**

Fire Resistive     Noncombustible     Ord. Joisted     Frame     Other    No. of Stories 1    Approx. Age 10 Yrs.

**OPERATIONS**

Franchised Dealer     Non - Franchised Dealer     R.V. Dealer     Repair Shop     Service Station     Storage Garage Or Public Parking  
 Equipment Or Implement Dealer     Other \_\_\_\_\_ Experienced  Yes     Years in Business 13 YRS

**Is Insured Engaged in Any Of The Following?**

Yes		No		Yes		No		Yes		No	
Tire Recapping / Re-treading	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Auto Wrecking/Dismantling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Loan Cars to Customers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Long Term Leasing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Body Or Paint Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Junkyard Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Auto Auctioning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drive Away or		
Welding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Furnish Driver Education Cars	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Motorcycle Sales/Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Towbar Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mfg. Or Rebuilding of Trucks			R.V. Sales or Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Snowmobile Sales/Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Engaged in Racing or		
Or Trailer Bodies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pickup/Delivery Customer Cars.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily Rental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competition Events	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Customer Permitted To Drive Cars Unaccompanied By Insured, Or Overnight Or For a Week-end.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Number of Loaner Cars		N/A	<input checked="" type="checkbox"/>	Number of Demo. Cars			N/A
Does Insured Drive or Transport New or Used Autos From Factory or Other Point of Acquisition.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Number of Long Term Rental cars		N/A	<input checked="" type="checkbox"/>	Number of Service Or Wrecking Vehicles	<u>1</u>		N/A
Distance Covered or Radius of Area	<u>50</u>	Miles	Number of Long Term lease cars.			N/A	<input checked="" type="checkbox"/>	Name of Long Term Lease Vehicles			
			No. of Vehicles Sold Annually : New	<u>0</u>	Used	<u>120</u>		Carrier (If Any)			
			No. of Vehicles On Hand : New	<u>0</u>	Used	<u>40</u>		Does Insured "Whlse" Any Vehicles	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
			No. of Dealer Plates	<u>5</u>	Priv. Plates :	<u>2</u>		Do Any "Non-Employees" Transport Any Vehicles	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
			Plates Loaned to Customers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A					

**EMPLOYEES :**

Clerical Owners, Partners, Officers, Sales, Drivers All Other Employees	Number Of Employees		Payroll Records Adequate	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Full Time	Part Time	Kept On Premises	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<u>0</u>	<u>0</u>	Any Driver Under 21	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No - How Many
	<u>1</u>	<u>0</u>	Any Drivers Over 65	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No - How Many
	<u>0</u>	<u>2</u>	No. of Non-Employees Furnished Co. Car Under age 25	<u>0</u>	Over <u>0</u>

**EQUIPMENT & OTHERS:**

Elevators  Yes  No    Compressors Safetied and Guarded  Yes  No    Condition Of: \_\_\_\_\_  
 Public Allowed In Svc. Area  Yes  No    Fire Protection Adequate:  Yes  No    Housekeeping   Aprons    
 Number of Auto Hoist 0    Fire Department **SOMECITY**    Maintenance   Walkways    
 Number of Pitts 0    Public Protection Class \_\_\_\_\_    Driveways   Exits

**UNDERGROUND FUEL STORAGE:**

Yes  No    No. Tanks \_\_\_\_\_ Capacities \_\_\_\_\_ Age \_\_\_\_\_ Years  
 Tank Construction  Steel     Fiberglass     Other \_\_\_\_\_ Contents \_\_\_\_\_  
 Properly Vented  Yes  No    Inventory Checked Daily Against Pump Readings  Yes  No    Records Kept  Yes  No    Independent Leak Testing  Yes  No

**NOTE: IF "NO" A RECOMENDATION MUST BE GIVEN**

**G.K.L.L. DEALERS OPEN LOT**

Loc. No.	Location Of All Garages, Open Lots, Terminals, Etc. Show Main Sales Location As Location	If Open Lot Specify		Garaged		Max. Number Of Cars Stored During		Max. Value Of Cars Stored Each	
		Lighted	Fenced	Yes %	No	Day	Night	Customers	Insured's
1.	<b>3223 WEST HWY 1</b>	<b>YES</b>	<b>YES</b>	<b>0</b>	<input checked="" type="checkbox"/>	<b>40</b>	<b>40</b>	<b>0</b>	<b>\$190,000 TOTAL</b>
2.					<input type="checkbox"/>				
3.					<input type="checkbox"/>				

Fire Hazard Minimized  Yes  No    Night Watchmen/Patrol Service  Yes  No  
 Storage Lighted Overnight  Yes  No    Valuables Left in Customers Cars    
 Key In Car  Yes  No    Tire Bumpers/Posts and Chairs    
 Key Control Policy/Procedures  Yes  No    Any Dogs on Premises    
 Police Protection  Local     Sheriff     State    Fenced/Gates/Locks

**PREVIOUS LOSSES**     Yes     No     Unknown

You agree this report is used for purposes permitted under the fair Credit reporting act.  
 This report is based on observations and information by others for the fee charged.  
 We do not assume liability arising from the Use of this report by you or others.    ©    **L08**    9/05    FIELD REP :    **JOHNNY INSPECTOR**  
 Date Surveyed:    10/26/2006



**COMMENTARY**

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**RESEARCH TECHNICAL SERVICES**

**Insured:** BILLY'S USED CARS      **Survey Address:** 3223 WEST HWY 1  
**City / State:** SOMECITY, SC 99999      **Policy #:** CCG999999  
**Contact:** BILLY J SAMSON

**SPECIAL ATTENTION:**

1. **ANY WELDING/TORCH CUTTING?:** Yes, the insured also runs a parts store at another location (See comments below). The insured
2. **will occasionally use the torch cutter to remove parts from junk cars. The Acetylene tanks are properly stored and chained from accidental**
3. **tipping. The hoses and equipment are well maintained and in good condition.**
- 4.

**General**      **The Business Name Is:** BILLY'S USED CARS

**THE INSURED IS A:** Corporation  Partnership  Sole Proprietor  Unknown   
 The Owner  Officers  Are As Follows

Title: OWNER      Name BILLY SAMSON  
 Title: \_\_\_\_\_      Name \_\_\_\_\_  
 Title: \_\_\_\_\_      Name \_\_\_\_\_

**THEY**  OWN  LEASE      Their Building. They Have Been In Business For 13 YEARS  
 They Have Been At Their Current Location For 10 YEARS

The Business Is Located In A:  Industrial Area  Commercial Area  Residential Area  
 IN THE CITY OF SOMECITY, SC

<u>Hours Of Operation</u>	<u>MONDAY</u>	To	<u>FRIDAY</u>	<u>8:00</u>	AM	TO	<u>4:00</u>	PM
			<u>SATURDAY:</u>	<u>8:00</u>	AM	TO	<u>4:00</u>	PM
			<u>SUNDAY:</u>	<u>CLOSED</u>	AM	TO	<u>CLOSED</u>	PM

**Description Of Operations / Processes / Occupancies:**

- The insured is a Non-franchised automobile dealer. They do no auto repair at this location, however they do store junk
- A. On Premises: vehicles in a fenced area behind the garage building and will occasionally use a torch cutter to remove a part.
- B. Off Premises: The insured operates an auto repair store and parts store in Sistercity, SC, under a separate INS policy.
- C. Finished Product / Service Rendered - To Whom - How: Sales of used vehicles
- D. Employees: Number – Type & Duties. (Training Programs, Safety, Etc) 3 : 1 Owner (All inclusive) - 2 Salespersons - OTJ training.
- E. Machinery & Equipment Used: Tow vehicle - Acetylene Torch
- F. Material & Suppliers: Owner gets cars from local auto auctions/private customers
- G. Equipment / Tool Rentals By Insured: None
- H. Subcontracted Operations: Who, How, Certificates Obtained: None
- I. Other Locations Of Operations: 333 Main St, Sistercity, SC - Parts and Garage.
- J. Other Building Occupants: None

**LOSSES: (CAUSE, NATURE, CONTROLS, OUTLOOK)**

Losses:  None

**EXPOSURES / CONTROLS / HAZARDS / PROTECTION:**

- A. Exposures Inherent To Risk: Those typical to Auto Storage and Sales.
- B. Deficiencies In Hazard Controls: None
- C. Special Hazards: Acetylene torch cutting (occasionally)

**Conditions/Hazards**      The (Name) Somecity      Fire Department Will Respond To This Business.

They Are Located 1.5 Miles Away. A Fire Hydrant Is Located 230 Feet From The Building.

The Somecity  Police       Sherrifs Department Will Patrol This Area.

The Bldg. Is Equipped With (#) 2 Fire Extinguishers. They Have A Tag Date Of None (Month/Year). (Must Not Be Over 1 Year).  
 Mounted  YES  NO

Alarm Systems:  Burglar  Fire Connected: To  Local Gong  None  
 None  None  Central Station  None

If Ansul System: Tag Date N/A (6 Months Max). Brand Name: \_\_\_\_\_  
 | UNDER CONTRACT:  YES  NO

Hazards:  Trash/Debris  Junk  Flammables  Housekeeping  Welding  Lighting  Painting  Exits Not Marked  
 OTHER

**Recommendations**

<u>YEAR/MONTH</u>	<u>REC. NO</u>	<u>RECOMMENDATION</u>
<u>0401</u>	<u>1</u>	<u>All fire extinguishers should be recharged by a qualified extinguisher service company, now and annually hereafter, to improve the private protection.</u>
<u>0401</u>	<u>2</u>	<u>We suggest that adequate gates be installed with locks to reduce the theft and vandalism hazard.</u>
<u>0401</u>		

DATE: 10/26/2006      INSPECTOR: JOHNNY INSPECTOR

ADDITIONAL COMMENTS: \_\_\_\_\_

**PHOTOS**



**BILLY'S USED CARS – REAR LOT**