INSURANCE RENEWAL LOG

Controlled operational form - use with the applicable signed agreement and current Shop Rules

Separate insurance control record. Record requirements set by the applicable agreement, insurer and Facility risk program. Do not place payment-card, bank or unnecessary personal information on this form.

1. INSURED / ACCOUNT PROFILE

Named insured	Business / DBA	Auto Tech / responsible person
Address	Agreement/member no.	Credential record no.
Broker / agent	Phone / email	Facility reviewer

2. CURRENT COVERAGE REGISTER

Coverage	Insurer / policy no.	Limits / deductible	Effective / expires	Evidence / endorsements
Commercial general / garage liability				
Garagekeepers / customer vehicle coverage				
Commercial auto / hired-nonowned auto				
Workers compensation / employers liability				
Pollution / environmental liability				
Umbrella / excess liability				
Tools / equipment / property				
Other: _____				

3. EVIDENCE AND ENDORSEMENT CHECK

[ ] Certificate or declarations received	[ ] Policy dates and named insured match
[ ] Insurer and policy number recorded	[ ] Limits compared with current requirement
[ ] Additional insured endorsement received if required	[ ] Primary/noncontributory endorsement received if required
[ ] Waiver of subrogation endorsement received if required	[ ] Garagekeepers basis/deductible reviewed if required
[ ] Cancellation/nonrenewal notice terms recorded	[ ] Certificate holder information correct

Control note: A certificate of insurance is evidence only and does not itself amend coverage. When a contract requires specific status or wording, retain the actual endorsement or other acceptable insurer evidence.

4. RENEWAL CALENDAR AND FOLLOW-UP

Policy / coverage	Expiration	60-day reminder	30-day reminder	15-day reminder	Status / owner

5. RENEWAL EVENT LOG

Date	Coverage / policy	Action or contact	Document received / location	Reviewer / next step

6. REQUIREMENT / EXCEPTION RECORD

Requirement source / date	Coverage or endorsement	Approved exception / expiration	Authorized by

Do not assume that a previously accepted limit or endorsement remains sufficient. Recheck requirements whenever an agreement, activity, equipment, insurer or risk profile changes.

7. LAPSE, CANCELLATION OR SUSPENSION LOG

Date/time	Policy / issue	Access or booking action	Notice sent / recipient	Restoration condition

8. RESTORATION / REACTIVATION

[ ] Replacement or renewed policy evidence received	[ ] No uncovered gap, or gap documented and escalated
[ ] Required endorsements received	[ ] Effective date/time confirmed before access
[ ] Agreement/credential records updated	[ ] Affected reservations reviewed
[ ] Facility authorization documented	[ ] Next renewal reminders scheduled

Coverage restored	Effective date/time	Evidence location	Verified by / date

9. PERIODIC REVIEW

Review date	Reviewer	All required policies current?	Deficiency / corrective action	Next review
		[ ] Yes [ ] No		
		[ ] Yes [ ] No		
		[ ] Yes [ ] No		

Notes: _____
_____

Insured / Auto Tech acknowledgment	**Facility insurance reviewer**
Signature: _____ Printed name: _____ Date/time: _____	Signature: _____ Printed name: _____ Date/time: _____

Overall status: [ ] Current [ ] Conditional [ ] Pending [ ] Suspended [ ] Lapsed/expired Status date: _____