

APPLICATION FOR GARAGE POLICY

Agent Name: _____ Retailer: _____
 Agent # _____ Address: _____
 Location: _____
 _____ Phone # _____

Proposed effective date: ____/____/____ to ____/____/____. Business Entity:
 Applicant Name: _____ Individual Joint Venture
 Mailing Address: _____ Partnership Corporation
 City: _____ State: ____ Zip: _____ Other: _____
 Web Site: _____ Inspection Contact: _____
 Years in business: ____ Years Experience in this field: ____ Contact Phone #: _____

Location 1 Address: _____ City: _____ State ____ Zip _____
 Location 2 Address: _____ City: _____ State ____ Zip _____
 Location 3 Address: _____ City: _____ State ____ Zip _____

Description of Operations: _____

INSURANCE HISTORY		<input type="checkbox"/> No prior insurance.	<input type="checkbox"/> No prior losses.
Current Carrier	_____	Eff Date ____/____/____	Exp Date ____/____/____ Premium _____
Prior Carrier	_____	Eff Date ____/____/____	Exp Date ____/____/____ Premium _____
Prior Carrier	_____	Eff Date ____/____/____	Exp Date ____/____/____ Premium _____
Date of loss	____/____/____	Amount _____	Description of Loss _____ Driver _____
Date of loss	____/____/____	Amount _____	Description of Loss _____ Driver _____
Date of loss	____/____/____	Amount _____	Description of Loss _____ Driver _____

TYPES OF AUTOS SOLD/ REPAIRED	Sales	Repair		Sales	Repair
Auto – Private Passenger New	____%	____%	Heavy Truck (26,000+ GVW) *	____%	____%
Auto – Private Passenger Used	____%	____%	Jet Ski	____%	____%
Antique or Classic Autos	____%	____%	Kit Car	____%	____%
ATV, Snowmobile, Dirt Bike*	____%	____%	Mobile Home	____%	____%
Boat or Watercraft (other than jet ski)	____%	____%	Motorcycle or Scooter *	____%	____%
Buses / Motor Coaches *	____%	____%	Semi- Trailer*	____%	____%
Contractors Equipment *	____%	____%	Sports or High Performance	____%	____%
Emergency Vehicles or Public Livery*	____%	____%	RV & Camper (Motorhome) *	____%	____%
Farm Tractors, Implements or Equipment*	____%	____%	Trailer (Utility or Travel Trailer)	____%	____%
Golf Carts	____%	____%	Other: _____	____%	____%

* SPECIALTY VEHICLE SUPPLEMENTAL REQUIRED

<u>DOES RISK</u>	Yes	No		Yes	No
Sell, install or calibrate breathalyzer /ignition interlock systems?	<input type="checkbox"/>	<input type="checkbox"/>	Park autos on public streets?	<input type="checkbox"/>	<input type="checkbox"/>
Structurally alter or convert vehicles from factory design?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in auto or title pawning?	<input type="checkbox"/>	<input type="checkbox"/>
Own, repair, service or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in towing for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Rebuild autos or sell autos with salvage title?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in repossession for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Dismantle autos or have salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in fuel conversion?	<input type="checkbox"/>	<input type="checkbox"/>
Sell used parts? Receipts: _____	<input type="checkbox"/>	<input type="checkbox"/>	Engage in other operations?	<input type="checkbox"/>	<input type="checkbox"/>
Stack salvage autos 3+ high or use a car crusher on site?	<input type="checkbox"/>	<input type="checkbox"/>	Have animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor sports, racing, rides, rallies, shows, clubs, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	Have weapons on person/ premises?	<input type="checkbox"/>	<input type="checkbox"/>
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>	Are keys secured in a lock box?	<input type="checkbox"/>	<input type="checkbox"/>
Explain all yes answers: _____					
Loan, lease or rent autos to others? If yes: <input type="checkbox"/> Loan/ Rent to customer while their auto is being repaired. <input type="checkbox"/> Rent/ Lease to the public.					
Sell gasoline, diesel fuel, LPG, LNG, Kerosene, fuel oil (circle)? If yes, provide type & receipts: _____.					
Radius of pickup and delivery: <input type="checkbox"/> None <input type="checkbox"/> 0-300 miles <input type="checkbox"/> 301-500 miles <input type="checkbox"/> 501-1,000 miles <input type="checkbox"/> Unlimited					
How do you transport autos: <input type="checkbox"/> Owned Tow Truck or Car Hauler <input type="checkbox"/> Owned Tow Bar or Dolly					
<input type="checkbox"/> Driven by Employees <input type="checkbox"/> Contracted Tow Truck or Car Hauler <input type="checkbox"/> Temporary or Contract Driver					

<u>DEALER OPERATIONS</u>	
Sales mix: Retail _____% Wholesale _____% Consigned _____% Internet _____% Auction (risk is an auction) _____%.	
Buy here/ pay here sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the title transferred at the beginning of the finance period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do salespeople accompany customers on all test drives? <input type="checkbox"/> Yes <input type="checkbox"/> No Allow extended or overnight test drives? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<u>NON-DEALER OPERATIONS</u>	
Alarm, Stereo or Navigational Systems _____%	Hitch Sales or Installation. Bolt/ Weld (circle) _____%
Alignment _____%	Impound Yard _____%
Auto Dismantling (see used parts) _____%	Lift Kits / Lowering Kits _____%
Auto Painting _____%	Oil /Lube _____%
Auto Parts (uninstalled) Receipts _____%	Parking Lot & Parking Garage (self-park) _____%
Body Shop _____%	Performance Enhancement _____%
Brakes _____%	Tire Sales – New _____%
Butane, Propane, LPG, LNG, Nitrous _____%	Tire Sales & Repair – Used _____%
Car Wash – Full Service _____%	Trailer Hitch Install or Repair _____%
Convenience Store Receipts _____%	Upholstery _____%
Detailing _____%	Valet Parking (Valet supplemental required) _____%
Driveway Contractor, Wrecker or Towing Service _____%	Van Conversion _____%
Frame or Unibody Straightening _____%	Window Tinting _____%
Gasoline Station – Full Service _____%	Windshield Install or Repair _____%
Gasoline Station – Self Service _____%	Other: _____%
Are all spray painting operations completed in an UL approved booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all paints and solvents stored in a fire resistive cabinet outside the paint booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTO STORAGE AND VALUES

Owned Autos: _____

Non-Owned Autos: _____

How are Autos Stored?

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- Building Standard Lot*
 Non-Standard Lot ** Unprotected Lot **

- Building Standard Lot*
 Non-Standard Lot** Unprotected Lot**

Value Per Auto: Average _____ Max _____

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Number of Autos: Average _____ Max _____

Number of Autos: Average _____ Max _____

* Standard Lot: When closed for business all entrances, exits, openings and the entire premises is protected by fences with locked gates, or post and heavy chains with locks.

** Non-Standard Lot: Any other type of protection.

** Unprotected Lot: No theft barrier present.

EMPLOYEE AND NON-EMPLOYEE INFORMATION LIST ALL OWNERS, EMPLOYEES, DRIVERS & HOUSEHOLD MEMBERS

Name	Drivers License Number & State	Date of Birth	Within the past 3 yrs.		Status	Hours Worked	Auto Usage
			Violations	Accidents			
1		/ /			Regular operator, Other employee, Non-Employee, Contract driver	Full Time / Part Time	Furnished, Business, None
2		/ /					
3		/ /					
4		/ /					
5		/ /					
6		/ /					
7		/ /					
8		/ /					
9		/ /					
10		/ /					

Have all owners, employees, drivers & household members been disclosed above? Yes No

Gross Sales- Per \$ 1,000/Sales: _____ Payroll – Per \$ 1,000/Pay: _____

STATUS:

- A) Regular Operator: Owners, partners, officers, salespersons, managers & employee with regular operation
 B) Other employees: Clerical staff, lot personnel, mechanics & those who do not regularly operate an auto.
 C) Non-employees: Inactive owners, partners, officers and their spouses.
 D) Contract driver: Scheduled individual (provide name) or Blanket.

USAGE:

- F) Furnished
 B) Business Use
 N) None

SCHEDULED AUTOS

Use: P = Personal S = Service (used to service the risk itself) C = Commercial (tow truck for hire)

Year	Make	Model	VIN	Value	Loss Payee	
1						
2						
3						
GVW	Use	Radius	Filings Required	Check Coverages Desired		
1			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP
2			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP
3			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP

COVERAGE & LIMITS		
Garage Liability	Limit of Liability Auto _____ Other Than Auto _____ Other Than Auto _____	Deductible Each Accident _____ Bi & PD Each Accident _____ Aggregate Limit _____
Garagekeepers <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary <input type="checkbox"/> Comprehensive & Collision <input type="checkbox"/> Specified Causes & Collision	Limit of Coverage Location 1 _____ Location 2 _____ Location 3 _____ In- Tow Coverage: Limit Per Tow Truck: _____	Maximum Value Per Single Auto _____ Deductible Per Auto _____ Deductible Per Occurrence _____ <input type="checkbox"/> For Hire <input type="checkbox"/> Not-For-Hire Number of Tow Trucks _____
Dealers Open Lot <input type="checkbox"/> Comprehensive & Collision <input type="checkbox"/> Specified Causes & Collision <input type="checkbox"/> False Pretense	Limit of Coverage Location 1 _____ Location 2 _____ Location 3 _____ <input type="checkbox"/> Your interest in covered autos you own <input type="checkbox"/> Your interest and the interest of any creditor as Loss Payee	Maximum Value Per Single Auto _____ Deductible Per Auto _____ Deductible Per Occurrence _____ <input type="checkbox"/> Consigned Autos
Medical Payments	Auto Medical _____	Garage Operations /Premises Medical _____
Uninsured Motorists	Each Accident _____	Number of Dealer Tags: _____
Underinsured Motorists	Each Accident _____	Uninsured Motorists Property Damage _____
Personal Injury Protection	Per Statute _____	
Radius of Pickup & Delivery	<input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1,000 Miles <input type="checkbox"/> 1,000+ Miles	
<input type="checkbox"/> Broadened Coverage (includes Personal Injury and \$ 50,000 in Fire Legal Liability) <input type="checkbox"/> Fire Legal Liability Limit _____ <input type="checkbox"/> Personal Injury Liability	<input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Drive Other Car	
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation (landlord only)	Name _____ Address: _____ Insurable Interest/ Relationship to risk: _____	
Additional Information: _____ _____		
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to civil and criminal penalties. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.		
_____ Signature of Agent	_____/_____ Date	_____ Signature of Applicant