



# GARAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker #: \_\_\_\_\_ Retailer: \_\_\_\_\_

Broker: \_\_\_\_\_ Location: \_\_\_\_\_

Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Applicant Name and Mailing Address \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Individual     Partnership     Joint Venture     Corporation     Other \_\_\_\_\_

Insured's Website Address \_\_\_\_\_

Inspection and Audit Contact / Phone Number \_\_\_\_\_

Years in business \_\_\_\_\_ Years of experience in this field \_\_\_\_\_

NATURE OF BUSINESS					
DEALER: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Non-Franchised <input type="checkbox"/> Franchised with _____					
NON-DEALER: <input type="checkbox"/> Repair Shop <input type="checkbox"/> Gas Station <input type="checkbox"/> Parking Facility <input type="checkbox"/> Other _____					
UNDERWRITING INFORMATION					
DO YOU:	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	7. Repossess vehicles for others?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	8. Engage in fuel conversion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	9. Engage in auto pawning?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sponsor driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	10. Sell vehicles with salvaged titles?	<input type="checkbox"/>	<input type="checkbox"/>
5. Install, service or repair airbags?	<input type="checkbox"/>	<input type="checkbox"/>	11. Allow customers in the work area?	<input type="checkbox"/>	<input type="checkbox"/>
6. Structurally alter or convert vehicles from their original design?	<input type="checkbox"/>	<input type="checkbox"/>	12. Rent, lease or loan vehicles, machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN ALL "YES" RESPONSES: _____					
_____					
_____					

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	%	%
Antique/Classic Cars	%	%
Boats - Other Than Jet Skis	%	%
Jet Skis	%	%
Busses	%	%
Contractors Equipment	%	%
Farm Equipment	%	%
Emergency or Public Livery	%	%
Heavy Truck (over 20,000 GVW)	%	%
Kit Cars or Other Auto Manufacturing	%	%
Motorcycles, ATVs, Scooters, Snowmobiles	<i>**supplement required**</i>	%
Mobile Homes	%	%
Recreational Vehicles and Campers	<i>**supplement required**</i>	%
Semi Trailers	%	%
Trailers - Other than Semi Trailers	%	%
<b>TOTAL</b>		<b>100%</b>

DEALERS OPERATIONS		
Consigned Autos Held for Sale	%	When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
Owned Autos Held for Sale	%	
Auto Auctions	%	Number of Dealer Tags: _____
Wholesale Autos	%	
Other:	%	

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Impound Yards	%
Auto Maintenance or Repair Incl Bedliner	%	Mobile Auto Repair	%
Auto Painting with UL approved spray booth	%	Oil/Lube Service	%
Auto Painting without UL approved spray booth	%	Parking Lots & Garages	%
Auto Parts Sales <i>Receipts:</i>	%	Tire Dealers - New	%
Body Shop	%	Tire Dealers - Used, Retreads or Split Rims	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <i>Receipts:</i>	%	Valet Parking <i>**supplement required**</i>	%
Detailing	%	Van Conversion	%
Driveaway Contractor or Wrecker Service	%	Window Tinting	%
Frame or Unibody Straightening	%	Windshield Installation/Repair	%
Gasoline Station - Full Service	%	Other:	%

VEHICLE STORAGE & VALUES	
Owned Autos	Non-Owned Autos
How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unfenced Lot	How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unfenced Lot
Maximum value any one Auto? _____ Maximum value of all Autos? _____ Average number of Autos? _____	Maximum value any one Auto? _____ Maximum value of all Autos? _____ Average number of Autos? _____
<small>*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height, or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended. Non-Standard Lot Any other type of protection or unprotected lots.</small>	
Radius of Pickup & Delivery: <input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1000 Miles <input type="checkbox"/> +1000 Miles	

EMPLOYEE AND NON-EMPLOYEE INFORMATION					
YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS					
Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

- STATUS:
- |                                       |  |
|---------------------------------------|--|
| 1. Active Owner, Partner or Officer   | 7. Spouse of Owner, Partner or Officer             |
| 2. Inactive Owner, Partner or Officer | 8. Children of Owner, Partner or Officer           |
| 3. Salesperson                        | 9. Spouse of any other person furnished an auto    |
| 4. Lot Person                         | 10. Children of any other person furnished an auto |
| 5. Mechanic                           | 11. Occasional or Contract Driver                  |
| 6. Clerical                           | 12. Other _____                                    |

HOURS WORKED:  
 F = Full Time (Over 20 hours per week)  
 P = Part Time (20 or less hours per week)  
 N = Non-Employee

AUTO USE:  
 A = Furnished a covered auto for personal use  
 B = Uses a covered auto strictly for business use  
 C = Does not drive a covered auto

ADDITIONAL INFORMATION

Garage Liability	<b>Limit of Liability</b> Auto _____ Each Accident Other Than Auto _____ Each Accident Other Than Auto _____ Aggregate Limit	<b>Deductible</b> _____ BI _____ PD
Personal Injury Protection or No-Fault Coverage	_____ Per Statute	
Medical Payments	_____ Auto _____ Garage Operations	
Uninsured Motorists Coverage Underinsured Motorists Coverage	_____ Each Accident _____ Each Accident	
<input type="checkbox"/> Garagekeepers <input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary  <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes	<b>Limit of Coverage</b> _____ Limit Per Location _____ Limit Per Auto	<b>Deductible</b> _____ Other Than Collision _____ Collision
<b>In-Tow Coverage</b> _____ Limit Per Tow Truck _____ # of Tow Trucks		
<input type="checkbox"/> Dealers Open Lot <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes	<b>Limit of Coverage</b> _____ Limit Per Location _____ Limit Per Auto	<b>Deductible</b> _____ Other Than Collision _____ Collision
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation	Name _____ Address _____ Insurable Interest _____	
<input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$50,000 Fire Legal) <input type="checkbox"/> Fire Legal Liability Limit _____		<input type="checkbox"/> Hired Auto <input type="checkbox"/> Personal Injury Liability
<b>PRIOR CARRIER AND LOSS HISTORY</b> List prior carrier and loss history for the past 3 years. If no losses, please indicate.		
Current Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
<b>Date of loss</b>	<b>Amount paid/reserve</b>	<b>Description of loss including driver</b>
<b>If there is no prior insurance, check the box.</b> <input type="checkbox"/>		

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION Any person who knowingly and with intent to defraud the Company filing an application for insurance 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. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.