

## APPLICATION FOR GARAGE POLICY

Policy Period Desired: From \_\_\_\_\_ To \_\_\_\_\_

Business Trade Name: \_\_\_\_\_ Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Internet Address (If any): \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years Sales/Repair Experience: \_\_\_\_\_

Business Entity:     Individual                       Partnership                       Corporation

Describe your Operations: \_\_\_\_\_

Locations/Premises where you conduct Garage Operations

1. \_\_\_\_\_

2. \_\_\_\_\_

<b>GENERAL INFORMATION</b>
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A. What are your normal business hours? \_\_\_\_\_

Are autos stored at your premises after normal business hours? .....  Yes  No

If yes, describe your theft barriers/storage at each location, for autos you OWN (building, fence & gate or post & cable).

1. \_\_\_\_\_

2. \_\_\_\_\_

Describe your theft barriers/storage at each location, for autos you do **not** OWN (building, fence & gate or post & cable).

1. \_\_\_\_\_

Do you own or lease Location 1? .....  Own  Lease

2. \_\_\_\_\_

Do you own or lease Location 2? .....  Own  Lease

B. Do you have or maintain animals on your premises? .....  Yes  No

If yes, what types/breeds? \_\_\_\_\_

Are these animals pets? .....  Yes  No

Are they used for security purposes? .....  Yes  No

Do you maintain any other security measures not already listed? .....  Yes  No

If yes, explain: \_\_\_\_\_

C. Please provide value and number of autos stored at each location:

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
<b>Location No. 1</b>	\$	\$	\$		
<b>Location No. 2</b>	\$	\$	\$		

D. Describe your key controls during business hours: \_\_\_\_\_ After business hours: \_\_\_\_\_

If a key box is used, describe location of key box (in building or attached to autos): \_\_\_\_\_

E. Do you pick up or deliver autos not owned by you? .....  Yes  No

If yes, explain: \_\_\_\_\_

Do you tow for hire?.....  Yes  No

If yes, explain: \_\_\_\_\_

F. Who drives or tows vehicles to your premises? \_\_\_\_\_

G. What is your normal radius of operations? \_\_\_\_\_

H. Do you Loan or Lease autos? .....  Yes  No

If yes, do you loan or lease autos to customers while their auto is being repaired?.....  Yes  No

Do you loan or lease autos for shorter than twelve (12) months?.....  Yes  No

I. Do you sell or store salvaged autos? .....  Yes  No

If yes, please indicate the purpose:

Sale of Salvage Titled Autos ..... % Rebuilding/Repairing Customers Autos..... %

Sale of Used Parts..... %

Other ..... % Explain: \_\_\_\_\_

J. List ALL Owners, Employees & Drivers:

Name	DOB	Driver's License No.	State of DL	CDL?		Furnished Auto? Y/N	Works at Loc. No.	Violations & Accidents Past 3 Yrs.	Full or Part Time	Job Title/Duties
				Y/N	Class					

K. List ALL Family members and non-family members (except customers):

(Indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished.)

Name	DOB	Driver License No.	State of DL	Will drive for <u>or</u> Work in business?	Furnished Auto?	Violations & Accidents Past 3 Yrs.	Relationship

L. Will anyone listed in either Items J. or K. use an auto for reasons other than listed?.....  Yes  No

If yes, please explain: \_\_\_\_\_

M. Have all members of your household been disclosed on this application?.....  Yes  No

If no, explain: \_\_\_\_\_

N. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? .....  Yes  No  N/A

**INSURANCE HISTORY**

Has your insurance been cancelled or non-renewed within the last three years (not applicable in MO)? .....  Yes  No

If yes, please explain: \_\_\_\_\_

A minimum of three year history is required. If three year history is unavailable, please explain: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Policy Premium: \$ \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Policy Premium: \$ \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Policy Premium: \$ \_\_\_\_\_

Date of Loss	Amount	Description of Loss
	\$	
	\$	
	\$	
	\$	

**UNDERWRITER INFORMATION**

Please provide your percentage of operations (Percentages MUST equal 100%).

	Repair	Sales
1. Private passenger cars, SUVs pick-up trucks, vans	%	%
2. Motorhomes	%	%
3. Motorcycles	%	%
4. Motor-coaches or buses	%	%
5. Watercraft (boats, jet skis, etc.)	%	%
6. Dirt Bikes or ATVs	%	%
7. All other recreational autos	%	%
8. Equipment (farm, construction, contractors, etc.)	%	%
9. Travel trailers or camper trailers	%	%
10. Utility trailers or livestock trailers	%	%
11. Trucks, tractors, semi-trailers	%	%
12. Salvage titled autos	%	%
13. Salvage parts	%	%
14. Other: _____	%	%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

Total Gross Receipts from:

All Vehicle/Equipment Sales \$ \_\_\_\_\_ All Repair \$ \_\_\_\_\_

Other Product Sales \$ \_\_\_\_\_ Tow Truck Operations \$ \_\_\_\_\_

**All Vehicle/Equipment Sales Dealer/Sales Information**

1. Where do you purchase vehicles? \_\_\_\_\_

Do you buy or sell vehicles on the Internet? .....  Yes  No

Explain: \_\_\_\_\_

2. Do you drive-away more than 300 miles from point of purchase? .....  Yes  No  
If yes, how often? \_\_\_\_\_
3. How many vehicles do you sell per year? \_\_\_\_\_ How many of those are on consignment? \_\_\_\_\_
4. How many dealer plates do you have? \_\_\_\_\_
5. Do you repossess vehicles? .....  Yes  No  
If yes, are these autos you have sold? .....  Yes  No  
Do you repossess autos for banks or other dealers? .....  Yes  No
6. Test drives: Do you always obtain a copy of the customer's license? .....  Yes  No  
Do you always obtain proof of insurance? .....  Yes  No  
Do you always ride along? .....  Yes  No

**Auto Service/Repair/Installation Information**

1. What percentage of your work is (total of percentages must equal 100%):

Type of Work	Percent	Type of Work	Percent
Oil & Lube	%	Wash/Detail	%
Tune-Up	%	Window Tint	%
Muffler	%	Clear Coating	%
Radiator	%	Stereo System	%
Electrical	%	Alarm System	%
Brakes	%	Transmission	%
Hitches	%	Windshield	%
Upholstery	%	Lift Kit Installation	%
Tires (New)	%	Suspension (Not Lift Kits)	%
Tires (Used)	%	Wheel Alignment	%
Frame Work	%	Performance Adjustments	%
Painting	%	Other: _____	%
Body Work	%	Other: _____	%

2. Do you do any welding? .....  Yes  No  
If yes, explain: \_\_\_\_\_
3. Do you have a spray paint booth? .....  Yes  No  
If yes, is it U/L approved? .....  Yes  No  
Is it ventilated? .....  Yes  No  
Are fixtures covered/protected? .....  Yes  No  
Is paint stored in fire-resistive cabinets outside the paint booth? .....  Yes  No
4. Do you sell gasoline? .....  Yes  No If yes, how many gallons per year? \_\_\_\_\_  
Do you sell LPG? .....  Yes  No If yes, how many gallons per year? \_\_\_\_\_
5. Do you recap tires or sell recapped tires? .....  Yes  No

**COVERAGE REQUESTED**

**GARAGE LIABILITY** \$ \_\_\_\_\_ each accident \$ \_\_\_\_\_ aggregate Deductible \$ \_\_\_\_\_

**GARAGEKEEPERS** (Coverage for customers' vehicles while in your care, custody and control)

Legal Liability Causes of Loss:  Specified Causes w/ Collision  Comprehensive w/ Collision

Total Limits: Location No. 1: ..... \$ \_\_\_\_\_  
 Location No. 2: ..... \$ \_\_\_\_\_

Deductibles: Specified Causes or Comprehensive Deductible ..... \$ \_\_\_\_\_  
 Collision Deductible ..... \$ \_\_\_\_\_  
 Maximum Deductible Per Loss ..... \$ \_\_\_\_\_

In-Transit Limits (On-Hook): \$ \_\_\_\_\_ per auto (Garagekeepers coverage required to qualify for In-Transit Coverage)

**DEALERS PHYSICAL DAMAGE** (Coverage for damage to autos while held for sale)

Causes of Loss:  Specified Causes w/ Collision  Comprehensive w/ Collision

Total Limits: Location No. 1: ..... \$ \_\_\_\_\_  
 Location No. 2: ..... \$ \_\_\_\_\_

Deductibles: Specified Causes or Comprehensive Deductible ..... \$ \_\_\_\_\_  
 Collision Deductible ..... \$ \_\_\_\_\_  
 Maximum Deductible Per Loss ..... \$ \_\_\_\_\_

Type:  New  Used

Interests Covered:  Owner  Owner and Creditor (Bank)  Consignment

Drive-away Miles (if over 300 miles): \_\_\_\_\_

Other Limits: At Temporary Locations: \$ \_\_\_\_\_ While in Transit: \$ \_\_\_\_\_

Loss Payee: \_\_\_\_\_

Loss Payee Address: \_\_\_\_\_

**PREMISES MEDICAL PAYMENTS**  \$1,000  \$5,000

**SPECIFICALLY DESCRIBED AUTOS**

Vehicle No.	Year	Make	Body Type	VIN	ACV	GVW
1						
2						
3						

Vehicle No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Yes/No	State/Federal	Liability	Physical Damages	Other	
1								
2								
3								

**UNINSURED MOTORIST** \$ \_\_\_\_\_ **PERSONAL INJURY PROTECTION** \$ \_\_\_\_\_

**FIRE LEGAL LIABILITY**  \$50,000

**Additional Insured:** \_\_\_\_\_

Address: \_\_\_\_\_

Explain the relationship between the named insured and the additional insured: \_\_\_\_\_

\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

**APPLICABLE IN THE STATE OF NEW YORK:**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_