



GARAGE APPLICATION

APPLICANT INFORMATION

Policy Period Requested: From ___/___/___ To ___/___/___

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone (____) _____

Years in this Business? ____ Years in the automotive industry? ____ Specialized Training or Certification? Yes No

What is your Website address? http://www. _____

Business Entity: Individual Partnership Corporation LLC

UNDERWRITING INFORMATION

1. Describe Your Operations _____

2. What percentage by type of vehicle do you sell or service? (*complete additional Questionnaire)

a. Cars, sport utility, pickups, vans _____%	d. Motorcycle & Off-road RV _____%
b. *Commercial trucks & trailers _____%	e. *Construction & Farming Equipment _____%
c. *RV (Motorhome, Camping Trailer) _____%	f. *Salvage (used) parts _____%

3. What else do you do? _____

4. Locations where you conduct Garage Operations (include Zip Code)

1] _____ 2] _____

3] _____ 4] _____

5. What other businesses use your location(s)? _____

6. List all owners, owner's spouses and all employees. Also list other family members who drive your vehicles. (Use another page if necessary):

Name	Date of Birth	Driver License Number	State of License	Commercial Drivers License? Yes or No	Auto furnished or available for regular Use? Yes or No	Job Description & Status (F=fulltime; P=part-time) or Relationship

7. Prior Carrier and Loss History for 3 Years No Known Losses See Loss Runs

Current Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____

Date of Loss	Amount	Description of Loss

Sales Questions

8. Where do you purchase vehicles? _____
9. Who drives or transports vehicles to your lot? _____
10. If you drive or transport newly acquired autos more than 300 road miles from point of purchase to your lot, how many trips per year? ____ and how far one-way for longest trip? ____ road miles.
11. How many vehicles do you sell per year? ____ How many of those are sold over eBay or similar internet site? ____
How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)
12. What is your normal radius of operation? _____ miles.
13. Describe your theft barriers (fence & gate or post & cable): _____
14. Where are the car keys kept? _____
15. How many dealer plates do you have? _____
16. Do you repossess vehicles? Yes No
If "Yes," explain: _____
17. Do you repair "salvage titled" vehicles prior to sale? Yes No
If "Yes," what percentages of repairs are:
Structural ____ % Mechanical ____% Cosmetic ____%
18. Do you always ride along on test drives? Yes No

Service Questions

19. What percentage of your work is?
____% Alignment ____% Oil & Lube ____% Tune Up
____% Body ____ %Paint ____% Radiator ____% Transmission
____% Brakes ____% Sound/Alarm System ____% Upholstery
____% Engine Overhaul ____% Suspension/Frame ____% Wash/Detail
____% Muffler ____% Tires ____% Window Tint
*Describe other work done: _____
20. Do you sell gasoline or LPG? Yes No
If "Yes," how many gallons? Gasoline _____ LPG _____
21. Do you install trailer hitches? Yes No
22. If you paint, do you have a spray paint booth/room? Yes No
If "Yes," is booth/room ventilated? Yes No
If "Yes" is booth **UL** approved? Yes No
23. Do you recap tires or sell recapped tires? Yes No
24. Do you tow for hire? Yes No
If "Yes," complete Tow Truck Operator Questionnaire.
25. Do you pick-up and deliver customers vehicles? Yes No
How many times per Month? ____ and how far from your shop? ____ miles.
26. How many Transporter Plates do you have? ____ How often are they used? _____
27. Describe lot or building security: _____
28. Where are the customer's car keys kept? _____

COVERAGE REQUESTED

Garage Liability Limit \$ _____ each accident, \$ _____ aggregate
 Add Broadened Coverages-Garage
 Additional Insured & Why _____

 Add Liability for these Related (non garage) Operations _____

Garagekeepers Limit \$ _____ per location Basis Legal Liability or Primary
 SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 Value per Auto \$ _____ In-Transit Limit per auto \$ _____

Dealers Physical Damage Limit \$ _____ per location
 SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 Value per Auto \$ _____ Drive-Away Road Miles _____
 Type of vehicles: New Used
 Interests Covered: Owner Owner and Creditor Consignment
 Loss Payee _____

Specifically Described Autos (use ACORD 127 for additional vehicles):

Auto No.	Year	Make	V.I.N.	Stated Amount

Auto No.	GVW	Use	Radius	Loss Payee

Medical Payments Limit \$ _____ Auto Premises Combined
 Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)
 Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)
 Fire Legal Liability \$50,000 or \$ _____
 Commercial Property (attach ACORD 140 and TRIA2002Notice)

Remarks: _____

*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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
 *Not applicable in all States

Signature of Applicant _____ Date ____/____/____

Agency Name _____

Agent's Signature _____ Date ____/____/____