



GARAGE APPLICATION

APPLICANT INFORMATION

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

Business Trade Name _____

Mailing Address _____ City _____

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

Inspection Contact _____

Years of Experience: _____ Years this business entity has been in operation? _____ If less than 3 years, explain in detail prior experience and any Specialized Training or Certification: _____

Business Entity: Individual Partnership Corporation LLC Other

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

PRODUCER INFORMATION

Producer Code _____	Producer _____
Agency Name _____	Phone # _____ Fax _____
Street Address _____	City _____ County _____
Email _____	State _____ Zip code _____
Post Office Box _____ City _____	State _____ Zip code _____

GENERAL UNDERWRITING INFORMATION

1. Describe Your Operations

Dealer Auction Car Dealer Coml. Trailer Dir. Motorcycle Dealer RV Dealer
 Truck Dealer Wholesaler With Salvage Yard
 Describe Other _____

Service Car Service & Repair Misc. Svs & Repair Repossessors Salvage Yard
 Tire Sales/Service Tow Truck Operator Truck Svs & Repair Valet & Parking
 Describe Other _____

Retail Sales Uninstalled Parts Accessories Clothing (List Gross Receipts on Page 5, Related Ops)

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

a. Cars, sport utility, pickups, vans _____%	i. Construction or Farming Equip _____%
b. *Commercial trucks & trailers _____%	j. Boats _____%
c. *RV (Motor home, Camping Trailer) _____%	k. Jet Skis _____%
d. Motorcycle _____%	l. Golf Carts _____%
e. Off-road RV/ATV's _____%	m. Emergency Vehicles (List Type) _____%
f. Scooters _____%	n. Kit Cars _____%
g. * Construction or Farming Equip _____%	o. Buses _____%
h. *Salvage parts _____%	p. Watercraft (including Jet Skis) _____%

3. Are there any rental operations? Yes No

a. If yes, please describe _____
b. Is coverage required? Yes No

4. Are you involved in any **additional business operations** other than what is described above: Yes No
If yes, describe: _____

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

1] _____

2] _____

3] _____

4] _____

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

7. Do you structurally alter or convert vehicles from their original design? Yes No
If yes, Please explain _____

8. Do you allow customers in the work area? Yes No
If yes, Please explain _____

9. Do you pick-up and deliver customers' vehicles? Yes No
If yes, how many times per Month? _____ and how far from your shop? _____ miles.

10. How many Transporter Plates do you have? _____ How many times a week are they used? _____

11. Dealer Operations

Provide breakdown of operations:

Consigned Auto Sales _____% Owned Autos Left at Auction _____%
Retail Auto Sales _____% Wholesale Auto Sales _____%
Other (explain) _____

Maximum Radius of Pickup & Delivery 0-300 miles 301-500 miles 501-1,000 miles Over 1,000 miles

12. Non-Dealer Operations

Alarm, Stereo or Navigational System	_____%	Gasoline Station - Full Service	_____%
Auto Dismantling	_____%	Gasoline Station - Self Service	_____%
Auto Maintenance & Repair, Incl. Bedliner	_____%	Impound Yards	_____%
Auto Painting with UL approved spray booth	_____%	Mobile Auto Repair	_____%
Auto Painting without UL approved spray booth	_____%	Oil/Lube Service	_____%
Auto Parts (uninstalled)	_____%	Parking Lots & Garages (Self Park)	_____%
Receipts \$_____		Tire Dealers - New	_____%
Body Shop	_____%	Tire Dealers - Used / Retreads	_____%
Butane, Propane or other Liquefied Gas Sales	_____%	Towing for Hire	_____%
Car Wash - Full Service	_____%	Trailer Hitch Installation or Repair	_____%
Convenience Store	_____%	Upholstery	_____%
Receipts \$_____		Valet Parking	_____%
Detailing	_____%	Van Conversion	_____%
Driveway Contractor or Wrecker Service	_____%	Window Tinting	_____%
Frame or Unibody Straightening	_____%	Windshield Installation/Repair	_____%

Other: _____

13. Vehicle Storage & Values

Owned Autos/DOL Lot Protection (see definition below) Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot** <input type="checkbox"/> Unprotected Lot*** <input type="checkbox"/> Maximum Value of any one Auto: \$ _____ Maximum number of Autos: \$ _____	Non-Owned Autos/GKLL Lot Protection (see definition below) Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot** <input type="checkbox"/> Unprotected Lot*** <input type="checkbox"/> Maximum Value of any one Auto: \$ _____ Maximum number of Autos: \$ _____
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*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 fencing. *Unprotected Lot: All others

14. List ALL Owners, Employees and Drivers:

Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Furnished Auto? Y/N	Violations & Accidents Past 3 Years	Full or Part Time	Job Title/Duties

15. List ALL Family members and non-family members (except customers) and 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	Date of Birth	Driver License Number	State of License	Will drive for <u>or</u> Work in business?	Furnished Auto? Y/N	Violations & Accidents Past 3 Years	Relationship

16. Have all members of your household been disclosed on this application? Yes No
 If no, please explain: _____

17. 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

18. 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 and Driver Name (if any)

Sales Questions

19. Who drives or transports vehicles to your lot? Insured/Employees Contract Drivers Transporter
20. Do you drive or transport newly acquired autos more than 300 road miles (50 miles for KS, KY, NH, MD, ME or WV) from point of purchase to your lot? Yes No
If yes, how many trips per year? _____ and how far one-way for longest trip? _____ road miles.
21. How many vehicles do you sell per year? _____ How many of those are sold "sight unseen" over the internet? _____
How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)
22. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building
23. Where are vehicle keys kept when the lot is closed? Key Cabinet Taken Home In/On the Vehicle
24. How many dealer plates do you have? _____
25. Do you repossess vehicles for yourself or others? Yes No
If "Yes," explain: _____
26. Do you repair "salvage titled" vehicles prior to sale? Yes No
If "Yes," what percentages of repairs are?
Structural _____% Mechanical _____% Cosmetic _____%
27. Do you always ride along on test drives? Yes No

Service Questions

28. What percentage of your work is?
 _____% Alignment _____% Lift Kits _____% Tires
 _____% Body (not fiberglass) _____% Muffler _____% Trailer Hitches
 _____% Fiberglass _____% Oil & Lube _____% Transmission
 _____% Paint _____% Radiator _____% Tune Up
 _____% Brakes _____% Sound/Alarm System _____% Upholstery
 _____% Custom/Fabrication (Describe Below) _____% Wash/Detail
 _____% Engine Overhaul _____% Suspension/Frame
 _____% Roadside Assistance (If contracted with "auto club" attach copy of contract)
 *Describe any other work done: _____
29. Do you sell gasoline or LPG? Yes No If "Yes," is it Self-Service Full Service
and how many gallons? Gasoline _____ LPG _____
30. Do you own/service any vehicles involved in racing or exhibition events? Yes No
31. 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
32. Do you tow for hire? Yes No
If "Yes," complete Tow Truck Operator Questionnaire.
33. If Tire Sales &/or Service (other than Motorcycle or Roadside Assistance) answer the following section:
 What percentage of your work is: Service only, no sales _____%; New Tires _____%; Used Tires _____%; Specialty Tires _____%; Off Road _____%; Racing _____%; Construction Equip _____%; Farm Equip _____%
- a. Describe in detail the tire service you provide: _____
- b. Do you sell new tires manufactured more than 3 years ago? Yes No
- c. When you sell less than a full set of 4 new tires do you always install them on the rear axle? Yes No
- d. Do you sell used tires manufactured more than 4 years ago, or with less than 4/32 of useable tread depth? Yes No
- e. Do you have a quality assurance program to prevent improper installation, faulty workmanship and mismatched tire sizes? Yes No
34. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building
35. Where are vehicle keys kept when the shop is closed? Key Cabinet Taken Home In/On the Vehicle

COVERAGE REQUESTED

- Garage Liability Limit \$ _____ each accident, \$ _____ aggregate, \$ _____ deductible
- Garagekeepers Limit \$ _____ per location Legal Liability Direct Excess or Direct Primary
 - SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 - Value per Auto \$ _____ In-Transit Limit per auto \$ _____
- On Hook \$ _____ Limit Per auto # of Tow Trucks _____
- 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.	Titled in Business Name? Yes or No	Used for Towing? Yes or No	Stated Amount

Auto No.	GVW	Use	Radius	Loss Payee	"X" Coverages Desired:			
					Liability	Comp/Coll	UM	PIP

- Medical Payments Limit \$ _____ Auto Premises Combined
- Uninsured/ Underinsured Motorist \$ _____ Per Accident _____ # of Dealer Tags
(Signed State form selecting or rejecting coverage is required)
- Personal Injury Protection \$ _____ Per Statute _____ # of Dealer Tags
(Signed State form selecting or rejecting coverage is required)
- Broadened Coverages – Garage (includes personal injury and \$50,000 fire legal)
- Hired Auto
- Additional Insured Name: _____
Address: _____
Insurable Interest: _____
- Add Liability for these Related (non garage) Operations _____ Gross Receipts \$ _____
Operations _____ Gross Receipts \$ _____ Operations _____ Gross Receipts \$ _____
- Fire Legal Liability \$50,000 or \$ _____
- Waiver of Subrogation (for owner of premises)
- E&O Coverage (Complete E&O supplemental)
- 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 ____/____/____