



GARAGE APPLICATION

APPLICANT INFORMATION

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

Business Trade Name _____

Mailing Address _____ City _____

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

Inspection Contact _____

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 Other

PRODUCER INFORMATION

Producer Code _____ Producer _____

Agency Name _____ Phone # _____ Fax _____

Street Address _____ City _____ County _____

Email _____ State _____ Zip code _____

Post Office Box _____ City _____ State _____ Zip code _____

UNDERWRITING INFORMATION

1. Describe Your Operations and exposure: _____

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 | _____% | | |

3. Are there any rental operations? Yes No

a. If yes, please describe _____

b. Is coverage required? Yes No

4. What else do you do? _____

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

1] _____ 2] _____
 3] _____ 4] _____

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

7. Dealer Operations

Provide breakdown of operation:

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

8. 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: _____			

9. 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	CDL Y/N	Violations & Accidents 3 Years		X = exclude from driving	Demo Y/N	Job Description & Status (F=fulltime; P=part-time) or Relationship
					Accidents	Citations			

10. 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

- 11. Where do you purchase vehicles? _____
- 12. Who drives or transports vehicles to your lot? _____
- 13. 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. _____
- 14. 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)
- 15. What is your normal radius of operation? _____ miles.
- 16. Describe your theft barriers (fence & gate or post & cable): _____
- 17. Where are the car keys kept? _____
- 18. How many dealer plates do you have? _____
- 19. Do you repossess vehicles for yourself or others? Yes No
If "Yes," explain: _____
- 20. Do you repair "salvage titled" vehicles? Yes No
If "Yes," what percentages of repairs are?
Structural _____% mechanical _____% cosmetic _____%
- 21. Do you always ride along on test drives? Yes No

Service Questions

- 22. 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: _____
- 23. Do you sell gasoline or LPG? Yes No
If "Yes," how many gallons? Gasoline _____ LPG _____
- 24. Do you install trailer hitches? Yes No
- 25. 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
- 26. Do you recap tires? Yes No
- 27. Do you sell recapped tires? Yes No
- 28. Do you tow for hire? Yes No
If "Yes," complete Tow Truck Operator Questionnaire.
- 29. Do you pick-up and deliver customers vehicles? Yes No
How many times per Month? _____ and how far from your shop? _____ miles.
- 30. How many Transporter Plates do you have? _____ How often are they used? _____
- 31. Describe lot or building security: _____
- 32. Where are the customer's car keys kept? _____

COVERAGE REQUESTED

- Garage Liability Limit \$ _____ each accident, \$ _____ aggregate
 - 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 Accident _____ # 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: _____

- Additional Liability for these Related (non garage) Operations _____
- 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 ____/____/____