

## GARAGE APPLICATION

**General Information – These questions to both Dealer and Service Operations**

- Policy Period Desired \_\_\_\_\_
1. Your Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 (dba) \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
 \_\_\_\_\_
3. Location #1 Address \_\_\_\_\_
4. Location #2 Address \_\_\_\_\_  
 Is there work done elsewhere? i.e.; Roadside? \_\_\_\_\_ Customer's business location? \_\_\_\_\_
5. How long have you been in this type of business? \_\_\_\_\_
6. Type of Legal entity:  Corp.  Partnership  Individual  Limited Liability Corp.  Other
7. Applicant's Business \_\_\_\_\_

**Vehicles Repaired Or Sold.** Include the percentage of gross receipts each type contributes, from the list below.

<input type="checkbox"/> Autos - Private Passenger & Pickups	%	<input type="checkbox"/> Sport Utilities and Vans	%	<input type="checkbox"/> Trucks (> 20,000 # GVW)	%
<input type="checkbox"/> Motor Homes	%	<input type="checkbox"/> Trailers or Semi-trailers	%	<input type="checkbox"/> Truck Tractors & 5th Wheels	%
<input type="checkbox"/> Motorcycles, Motorbikes, ATV's	%	<input type="checkbox"/> Trucks (≤ 20,000 # GVW)	%	<input type="checkbox"/> Airframe and/or Engine *	%
<input type="checkbox"/> Watercraft Hull and/or inboard/inboard-outdrive *	%		%	<input type="checkbox"/> Watercraft outboard engines *	%
<input type="checkbox"/> Other watercraft *	%	<input type="checkbox"/> Airboats *	%	<input type="checkbox"/> Other	%

\* Aircraft and/or Watercraft are not covered by the Garage policy.

**Service Work.** Identify by percentage the amount of each type of service work from the list below

<input type="checkbox"/> Body/Paint	%	<input type="checkbox"/> Sound System	%	<input type="checkbox"/> Valet Parking	%
<input type="checkbox"/> Brakes	%	<input type="checkbox"/> Tires	%	<input type="checkbox"/> Wash/Detail	%
<input type="checkbox"/> Muffler	%	<input type="checkbox"/> Transmission	%	<input type="checkbox"/> Wheel Alignment	%
<input type="checkbox"/> Oil & Lube	%	<input type="checkbox"/> Tune up	%	<input type="checkbox"/> Window Tint	%
<input type="checkbox"/> Radiator	%	<input type="checkbox"/> Upholstery	%	<input type="checkbox"/> Other	%

Description of Other Service Work: \_\_\_\_\_

8. Explain any other business, owned by you, that is conducted on the premises \_\_\_\_\_
9. Do you loan any vehicles?  Yes  No If yes, explain \_\_\_\_\_
10. Do you modify, rebuild or perform conversions on vehicles?  Yes  No If Yes, please explain \_\_\_\_\_
11. Do you perform any frame straightening?  Yes  No If Yes, please answer the following questions:  
 a.  Laser Measuring device  Optical Measuring device  Mechanical Gauge  
 b. Do you buy salvage for reconstruction?  Yes  No  
 c. Do you repair vehicles with damage totaling more than 60% of the ACV of the vehicle?  Yes  No
12. Do you own or sponsor a race car?  Yes  No
13. Do you install trailer hitches?  Yes  No If yes, what % is this of your operation? \_\_\_\_\_
14. Do you perform any work on airbags (including any deactivating) or breathalyzers?  Yes  No
15. Do you repossess autos?  Yes  No
16. Do you have a Valet Parking Service?  Yes  No If yes, please complete form BG-GA-390, *Valet Parking Supplemental Application*.
17. Welding? If yes, explain: \_\_\_\_\_
18. Do you tow? For Hire % Rotation % Repo %
19. Do you have a storage lot on premises?  Yes  No
20. Do you dismantle autos or have salvage operations?  Yes  No

**If you are a Dealer, please answer the following questions:**

21. Do salespeople accompany customers on demonstration rides?  Yes  No  
 22. What radius do you drive or transport vehicles from your location?  Less than 300 miles  
 300 – 500 miles  501 – 1000 miles  Over 1,000 miles  
 23. How do you transport or drive away vehicles?

Own Tow Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	Car Hauler Contracted by Others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tow Bars or Dollies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tow Trucks Contracted by Others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Own Car Haulers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary or Contract Drivers	<input type="checkbox"/> Yes <input type="checkbox"/> No

24. Is insured a "buy-here/pay here" operation?  Yes  No If yes, when is title transferred? \_\_\_\_\_  
 25. How many vehicles are sold per year? \_\_\_\_\_  
 26. Do you sell salvaged title autos?  Yes  No

The following questions **apply to ALL applicants:**

**Security and Protection**

27. Describe your lot(s)  Bldg  Standard  Open (all sides enclosed by metal cyclone, or equivalent fence or post and chain, or bounded on one or more sides by wall(s) or building) or  Non Standard Open (all other open/unroofed lot locations not securely enclosed, locked when unattended) or  Miscellaneous  
 28. If you have a spray booth, is it UL approved?  Yes  No If no does risk have explosion proof lights, outside ventilation and bay separation?  Yes  No  
 29. Is your lot well lit at night?  Yes  No  
 30. Are signs posted to keep customers from the work area?  Yes  No  
 31. Are Firearms kept on the premises?  Yes  No  
 32. Is your lot patrolled by a security guard?  Yes  No Is the guard armed?  Yes  No  
 Do you have any other security devices, i.e., cameras, alarms? If yes, please describe \_\_\_\_\_  
 33. Do you have guard dogs?  Yes  No  
 34. Do you leave keys in vehicles?  Yes  No  
 35. Describe how keys are controlled \_\_\_\_\_  
 36. Describe how plates are stored/secured \_\_\_\_\_

**Three Year Loss History**

37. Has similar insurance ever been cancelled, declined or refused for renewal?  Yes  No If yes, explain:  
 \_\_\_\_\_

Policy Year	Premiums Paid	Previous Carrier	Description of Loss	Amount Paid	Amount Reserved

\*\*\*\*LOSS RUNS REQUIRED ON GARAGE RISKS WITH 8 (EIGHT) OR MORE EMPLOYEES\*\*\*\*

**Employee and Driver Information (include any non-employees furnished an auto)**

	Name	Date of Birth	License No./ State	Moving Violations Last Three Years	Accidents Last Three Years
1					
2					
3					
4					
5					
	Job Duties (e.g., mechanic, clerical, detail, sales or lot person)	Rating Units	Full Time	Part Time (20 hrs or less per week)	Furnished a Car?
1					
2					
3					
4					
5					

\*\*\*\*IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST\*\*\*\*

**Schedule of Covered Autos**

List any owned tow truck, car hauler, or service vehicle to be insured.

Unit #	Year, Model, Serial Number	Body Type	Where Garaged	Radius	Physical Damage Stated Amount	Deductible

**Loss Payable Name and Address (advise which unit this applies to)** \_\_\_\_\_

\_\_\_\_\_

**Coverage**

**Garage Liability Limits**

1. Combined Single Limit \$ \_\_\_\_\_ Other Than Aggregate \$ \_\_\_\_\_ (3,000,000 maximum)
2. Medical Payment Limit per person \$ \_\_\_\_\_  
 Premises only    Auto only    Premises and Auto
3. Do you desire Uninsured/Underinsured Motorist Coverage? (for requirements, check state status)  
 Yes    No   If yes, limit(s) desired \$ \_\_\_\_\_  
 If required by state, please complete, sign and attach proper form for selection or rejection of coverage.  
 Number of Dealer Plates \_\_\_\_\_ Transporter Plates \_\_\_\_\_ Other (please describe) \_\_\_\_\_
4. Do you desire Personal Injury Protection Coverage (for requirements, check state statutes)    Yes    No  
 If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

**Garagekeepers** (for Customers Cars in your Care, Custody and Control)

5. Limit of Liability at Location #1 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_  
 Limit of Liability at Location #2 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_  
 Legal Liability    Direct Primary
6.  Specified Causes of Loss **OR**    Comprehensive Deductible per auto \$ \_\_\_\_\_
7. Collision Coverage Deductible per Auto \$ \_\_\_\_\_

**On Hook** (Coverage for vehicle in tow when insuring the Tow Truck)

8. Note: Limit per vehicle should match Garagekeepers per vehicle coverage (if that coverage is provided).

Unit Description	Limit On Hook Coverage	Deductible

**Dealers Open Lot** (coverage for damage to your autos)

9. Limit of Liability at Location #1 \$ \_\_\_\_\_ Limit of Liability at Location #2 \$ \_\_\_\_\_  
 Limit of Liability per auto \$ \_\_\_\_\_
10.  Fire & Theft    Specified Perils of Loss    Comprehensive  
 Deductible per auto \$ \_\_\_\_\_
11. Blanket Collision (total for all listed locations) Limit \$ \_\_\_\_\_  
 Deductible per auto \$ \_\_\_\_\_
12. Interests covered: (check all those that apply)    Your interest in covered "autos" you own    Your interest only in financed covered "autos"    Your interest and the interest of any creditor named as loss payee    All interests in any "auto" not owned by you or any creditor while in your possession on consignment.

**Fire Legal**

13. Limit of Liability    \$50,000    \$100,000

**14. Broadened Coverages**

Limits of Insurance

Personal Injury and Advertising Injury \$ \_\_\_\_\_

Fire Legal \$ \_\_\_\_\_

**15. Building and Personal Property (only available in some states) If coverage is selected, please complete and attach Acord Property Application.**

**16. List any Additional Insureds to be named and advise what their interest is in this operation.**

\_\_\_\_\_  
\_\_\_\_\_

**Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

\_\_\_\_\_  
Applicant's Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Agent**

Are you personally familiar with this Applicant's operations?  Yes  No

Did your office control this risk in the past?  Yes  No

\_\_\_\_\_  
Agent's or Broker's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**