



# GARAGE APPLICATION

## General Information

- Effective Date: \_\_\_\_\_ FEIN #: \_\_\_\_\_ Phone No. \_\_\_\_\_
- Your Name \_\_\_\_\_  
(dba) \_\_\_\_\_
  - Mailing Address \_\_\_\_\_
  - Your Web site address \_\_\_\_\_
  - Location #1 Address \_\_\_\_\_
  - Location #2 Address \_\_\_\_\_  
Is there work done elsewhere? i.e.; Roadside? \_\_\_\_\_ Customer's business location? \_\_\_\_\_
  - What is your business operation? \_\_\_\_\_
  - Name all businesses you have ownership in: \_\_\_\_\_
  - Name all businesses owned by you operating at this location: \_\_\_\_\_
  - How long have you been in business? \_\_\_\_\_ How many years of related experience? \_\_\_\_\_
  - Type of Legal entity:  Individual  Partnership  Joint Venture  Limited Liability Corp.  
 Trust  Other Organization, including a Corporation (Please Describe) \_\_\_\_\_

## Previous Carrier and Loss Information

- Has similar insurance ever been cancelled, declined or refused for renewal? (Not applicable in Missouri)  Yes  No  
a. If **yes**, explain: \_\_\_\_\_
- Complete all fields. Indicate if "None" applies.

| Previous Carrier | Policy Year | Premiums Paid | Description of Loss | Amount Paid | Amount Reserved |
|------------------|-------------|---------------|---------------------|-------------|-----------------|
|                  |             |               |                     | \$          | \$              |
|                  |             |               |                     | \$          | \$              |
|                  |             |               |                     | \$          | \$              |

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

## List All Owners and All Employees (Include any non-employee, silent owners or family members furnished an auto. If additional employees, please attach separate list).

|   | Last Name | First Name | Middle Initial | Date of Birth | License No. |
|---|-----------|------------|----------------|---------------|-------------|
| 1 |           |            |                |               |             |
| 2 |           |            |                |               |             |
| 3 |           |            |                |               |             |
| 4 |           |            |                |               |             |
| 5 |           |            |                |               |             |

|   | License State | Drives Scheduled Vehicle # | Furnished a Car? | Job Duties* | Full Time | Part Time** |
|---|---------------|----------------------------|------------------|-------------|-----------|-------------|
| 1 |               |                            |                  |             |           |             |
| 2 |               |                            |                  |             |           |             |
| 3 |               |                            |                  |             |           |             |
| 4 |               |                            |                  |             |           |             |
| 5 |               |                            |                  |             |           |             |

\* **Job duties** such as: mechanic, clerical, detail, sales or lot person (If not employed, show "None")

\*\***Part time** is 20 hours or less per week.

## GARAGE APPLICATION

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

1. Do you loan any vehicles?  Yes  No If **yes**, explain \_\_\_\_\_
2. Do you perform any machining, re-machining, re-boring operations?  Yes  No If **yes**, please explain \_\_\_\_\_  
*What is the % of work done \_\_\_\_\_%*
3. Do you rebuild any of the following: brakes (other than changing pads or rotors), steering systems, or restraint systems?  Yes  No
4. Do you perform any frame straightening?  Yes  No If yes, do you use a machine?  Yes  No
5. Do you cut or weld frames?  Yes  No
6. Are you an auto rebuilder?  Yes  No
7. Do you own, repair, service, or sponsor a race car?  Yes  No

**Security and Protection**

1. Do you store vehicles overnight?  Yes  No If yes, describe lot protection for each location:  
Fenced lot  Inside storage  Post/Chain  Other \_\_\_\_\_
2. Do you park customer's vehicles on the street?  Yes  No
3. Do you perform spray painting?  Yes  No  
If yes, is your booth equipped with explosion proof lights, outside ventilation & bay separation?  Yes  No
4. Are signs posted to keep customers from the work area?  Yes  No
5. Do you leave keys in vehicles?  Yes  No
6. Are keys kept in a secure place with no access by unauthorized persons:  Yes  No

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

1. Do salespeople accompany customers on all demonstration rides?  Yes  No
2. 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
3. How many vehicles are sold per year? \_\_\_\_\_
4. Do you sell autos on consignment?  Yes  No If yes, attach a copy of your consignment agreement.



## GARAGE APPLICATION

### Vehicles Repaired Or Sold

|  | Repair | Sales |
|--|--------|-------|
| <input type="checkbox"/> Private passenger cars, pick-up trucks, vans, Sport Utilities | %      | %     |
| <input type="checkbox"/> Salvage Title Autos   | %      | %     |
| <input type="checkbox"/> Motorcycles, **complete BG-GA-477                             | %      | %     |
| <input type="checkbox"/> Recreational vehicles **complete BG-GA-498                    | %      | %     |
| <input type="checkbox"/> Farm Equipment **complete BG-GA-462                           | %      | %     |
| <input type="checkbox"/> Contractors Equipment **complete BG-GA-462                    | %      | %     |
| <input type="checkbox"/> Emergency Vehicles  | %      | %     |
| <input type="checkbox"/> Handicap Vehicles   | %      | %     |
| <input type="checkbox"/> All Terrain Vehicles (ATV) **complete BG-GA-477               | %      | %     |
| <input type="checkbox"/> Buses   | %      | %     |
| <input type="checkbox"/> Jet Skis **Complete BG-GA-477                                 | %      | %     |
| <input type="checkbox"/> Logging Trucks, Logging Equipment                             | %      | %     |

|   | Repair      | Sales       |
|---|-------------|-------------|
| <input type="checkbox"/> Medium Trucks                              | %           | %           |
| <input type="checkbox"/> Heavy Trucks **complete BG-GA-462          | %           | %           |
| <input type="checkbox"/> Semi Trailers **complete BG-GA-462         | %           | %           |
| <input type="checkbox"/> Boats                                      | %           | %           |
| <input type="checkbox"/> Forklifts                                  | %           | %           |
| <input type="checkbox"/> Golf Carts                                 | %           | %           |
| <input type="checkbox"/> Utility trailers                           | %           | %           |
| <input type="checkbox"/> Horse Trailers                             | %           | %           |
| <input type="checkbox"/> Boom Trucks, Bucket Trucks, Cherry Pickers | %           | %           |
| <input type="checkbox"/> Cranes                                     | %           | %           |
| <input type="checkbox"/> Other Description of other vehicle         | %           | %           |
| <b>Total</b>  | <b>100%</b> | <b>100%</b> |

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

|   |   |
|---|---|
| <input type="checkbox"/> Airbags (Including Deactivating)   | % |
| <input type="checkbox"/> Auto Dismantling or Salvage Operations **complete BG-GA-505                              | % |
| <input type="checkbox"/> Body Work/ Painting  | % |
| <input type="checkbox"/> Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self serve           | % |
| <input type="checkbox"/> Lift Kit Installation  | % |
| <input type="checkbox"/> Oil & Lube   | % |
| <input type="checkbox"/> Tires **complete BG-GA-478   | % |
| <input type="checkbox"/> Towing <input type="checkbox"/> For hire/rotation <input type="checkbox"/> Repo for hire | % |
| <input type="checkbox"/> Valet Parking **complete BG-GA-390   | % |
| <input type="checkbox"/> Windshield Installation/Repair   | % |

|   |             |
|---|-------------|
| <input type="checkbox"/> Auto Alarms/Stereo                   | %           |
| <input type="checkbox"/> Boat Hull                            | %           |
| <input type="checkbox"/> Breathalyzers /Interlock Devices     | %           |
| <input type="checkbox"/> Detailing/Washing                    | %           |
| <input type="checkbox"/> LPG Dealer                           | %           |
| <input type="checkbox"/> Suspension (not lift kits)           | %           |
| <input type="checkbox"/> Tire recapping, retreading, recoring | %           |
| <input type="checkbox"/> Trailer hitch installation/repair    | %           |
| <input type="checkbox"/> Other: Description:                  | %           |
|   | <b>100%</b> |

### Related Non Garage Operations

|                                     |          |                |
|-------------------------------------|----------|----------------|
| Gasoline Sales                      | # _____  | gallons sold   |
| Parts sold but not installed by you | \$ _____ | gross sales    |
| Clothing or Accessories             | \$ _____ | gross sales    |
| Auto Dismantling/Salvage Operations | \$ _____ | actual payroll |

|                                      |          |                |
|--------------------------------------|----------|----------------|
| Convenience store                    | \$ _____ | gross sales    |
| Tires, sold but not installed by you | \$ _____ | gross sales    |
| Self Serve Car Wash                  | \$ _____ | gross receipts |



## GARAGE APPLICATION

### Coverage's Requested

**Garage Liability limits**

\$\_\_\_\_\_per accident auto/garage operations \$\_\_\_\_\_aggregate

**Garagekeepers** If Autos In Tow coverage is desired, Garagekeepers may only be written on a Legal Liability basis.

Location 1 \$\_\_\_\_\_ location limit      Deductible \$\_\_\_\_\_

Location 2 \$\_\_\_\_\_ location limit      Maximum limit per auto \$\_\_\_\_\_

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

Direct Primary Specified Causes of Loss w/Collision

**Autos In Tow** (if more than 2 vehicles please attach separate page)

Unit 1 make/model \_\_\_\_\_VIN\_\_\_\_\_ In Tow Limit \$\_\_\_\_\_

Unit 2 make/model \_\_\_\_\_VIN\_\_\_\_\_ In Tow Limit \$\_\_\_\_\_

**Dealers Physical Damage**

Location 1 \$\_\_\_\_\_ location limit      Deductible \$\_\_\_\_\_

Location 2 \$\_\_\_\_\_ location limit      Maximum limit per auto \$\_\_\_\_\_

Fire, Theft, & Collision       Specified Causes of Loss w/ Collision       Comprehensive w/ Collision

Interest to be covered:

Your interest in covered autos you own

Your interest and the interest of any creditor named as loss payee

Your interest and the interest of any consignee

Loss Payee: Name & address:\_\_\_\_\_

**Scheduled Autos for Dealer Coverage** (if more than 2 vehicles please attach separate page)

Unit 1 make/model \_\_\_\_\_VIN\_\_\_\_\_ Stated Value\$\_\_\_\_\_ Med Pay\_\_\_\_\_

Unit 2 make/model \_\_\_\_\_VIN\_\_\_\_\_ Stated Value\$\_\_\_\_\_ Med Pay\_\_\_\_\_



## GARAGE APPLICATION

**Medical Payments** Limit \$ \_\_\_\_\_  Premises only  Auto only  Both premises & auto

**Uninsured/Underinsured Motorist:**  
Limit \$ \_\_\_\_\_ # of dealer plates \_\_\_\_\_ # of transporter plates \_\_\_\_\_ # of other plates \_\_\_\_\_

**Personal Injury Protection**  yes  no

**Personal Injury Liability**  yes  no

**Fire legal Liability** only or  **Broadened Coverage** Limit \$ \_\_\_\_\_

**Additional Insured:**

Name/Address: \_\_\_\_\_

Interest:  Landlord  Lessor of Leased Equipment  Franchisee  Customer (attach copy of written contract)

Name/Address: \_\_\_\_\_

Interest:  Landlord  Lessor of Leased Equipment  Franchisee  Customer (attach copy of written contract)

**SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

### FRAUD NOTICES:

**PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

## GARAGE APPLICATION

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OK**

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in Other States:**

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.**

|   |                             |
|---|-----------------------------|
| <b>Applicant Name (Name of Company)</b>       | <b>Producer's Name</b>      |
| <b>Signature of Authorized Representative</b> | <b>Producer's Signature</b> |
| <b>Print Name</b>                             | <b>Producer's Phone</b>     |
| <b>Title</b>                                  | <b>Producer's Fax</b>       |
| <b>Date</b>                                   | <b>Producer's Email</b>     |