

**APPLICATION FOR GARAGE POLICY**

Agent Name: \_\_\_\_\_ Retailer: \_\_\_\_\_  
 Agent # \_\_\_\_\_ Address: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Phone # \_\_\_\_\_

Proposed effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Applicant Name: \_\_\_\_\_ Business Entity:  
 Mailing Address: \_\_\_\_\_  Individual  Joint Venture  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Partnership  Corporation  
 Web Site: \_\_\_\_\_  Other: \_\_\_\_\_  
 Years in business: \_\_\_\_\_ Years Experience in this field: \_\_\_\_\_ Inspection/Audit Contact Person: \_\_\_\_\_

Location 1 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Location 2 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Location 3 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Operations: \_\_\_\_\_

<b>INSURANCE HISTORY</b>		<input type="checkbox"/> No prior insurance.	<input type="checkbox"/> No prior losses.
Current Carrier	_____	Eff Date ____/____/____	Exp Date ____/____/____ Premium _____
Prior Carrier	_____	Eff Date ____/____/____	Exp Date ____/____/____ Premium _____
Prior Carrier	_____	Eff Date ____/____/____	Exp Date ____/____/____ Premium _____
Date of loss	____/____/____	Amount _____	Description of Loss _____ Driver _____
Date of loss	____/____/____	Amount _____	Description of Loss _____ Driver _____
Date of loss	____/____/____	Amount _____	Description of Loss _____ Driver _____

<b>TYPES OF AUTOS SOLD/ REPAIRED</b>	Sales	Repair	Sales	Repair
Auto – Private Passenger New	_____%	_____%	Heavy Truck (26,000+ GVW) *	_____%
Auto – Private Passenger Used	_____%	_____%	Jet Ski	_____%
Antique or Classic Autos	_____%	_____%	Kit Car	_____%
ATV, Snowmobile, Dirt Bike	_____%	_____%	Mobile Home	_____%
Boat or Watercraft (other than jet ski)	_____%	_____%	Motorcycle or Scooter *	_____%
Buses / Motor Coaches *	_____%	_____%	Semi- Trailer	_____%
Contractors Equipment *	_____%	_____%	Sports or High Performance	_____%
Emergency Vehicles or Public Livery	_____%	_____%	RV & Camper (Motorhome) *	_____%
Farm Tractors, Implements or Equipment	_____%	_____%	Trailer (Utility or Travel Trailer)	_____%
Golf Carts	_____%	_____%	Other: _____	_____%

\* SPECIALTY VEHICLE SUPPLEMENTAL REQUIRED

<b>DOES RISK</b>	Yes	No		Yes	No
Sell, install or calibrate breathalyzer /ignition interlock systems?	<input type="checkbox"/>	<input type="checkbox"/>	Park autos on public streets?	<input type="checkbox"/>	<input type="checkbox"/>
Structurally alter or convert vehicles from factory design?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in auto or title pawning?	<input type="checkbox"/>	<input type="checkbox"/>
Own, repair, service or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in towing for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Rebuild autos or sell autos with salvage title?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in repossession for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Dismantle autos or have salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in fuel conversion?	<input type="checkbox"/>	<input type="checkbox"/>
Sell used parts? Receipts: _____	<input type="checkbox"/>	<input type="checkbox"/>	Engage in other operations?	<input type="checkbox"/>	<input type="checkbox"/>
Stack salvage autos 3+ high or use a car crusher on site?	<input type="checkbox"/>	<input type="checkbox"/>	Have animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor sports, racing, rides, rallies, shows, clubs, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	Have weapons on person/ premises?	<input type="checkbox"/>	<input type="checkbox"/>
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>	Are keys secured in a lock box?	<input type="checkbox"/>	<input type="checkbox"/>
Explain all yes answers: _____					
Loan, lease or rent autos to others? If yes: <input type="checkbox"/> Loan/ Rent to customer while their auto is being repaired. <input type="checkbox"/> Rent/ Lease to the public.					
Sell gasoline, diesel fuel, LPG, LNG, Kerosene, fuel oil (circle)? If yes, provide type & receipts: _____.					
Radius of pickup and delivery: <input type="checkbox"/> None <input type="checkbox"/> 0-300 miles <input type="checkbox"/> 301-500 miles <input type="checkbox"/> 501-1,000 miles <input type="checkbox"/> Unlimited					
How do you transport autos: <input type="checkbox"/> Owned Tow Truck or Car Hauler <input type="checkbox"/> Owned Tow Bar or Dolly					
<input type="checkbox"/> Driven by Employees <input type="checkbox"/> Contracted Tow Truck or Car Hauler <input type="checkbox"/> Temporary or Contract Driver					

<b>DEALER OPERATIONS</b>	
Sales mix: Retail _____% Wholesale _____% Consigned _____% Internet _____% Auction (risk is an auction) _____%	
Do salespeople accompany customers on all test drives? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allow extended or overnight test drives? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>NON-DEALER OPERATIONS</b>	
Alarm, Stereo or Navigational Systems _____%	Hitch Sales or Installation. Bolt/ Weld (circle) _____%
Alignment _____%	Impound Yard _____%
Auto Dismantling (see used parts) _____%	Lift Kits / Lowering Kits _____%
Auto Maintenance or Repair _____%	Mobile Auto Repair _____%
Auto Painting _____%	Oil /Lube _____%
Auto Parts (uninstalled) Receipts _____%	Parking Lot & Parking Garage (self-park) _____%
Body Shop _____%	Performance Enhancement _____%
Brakes _____%	Tire Sales – New _____%
Butane, Propane, LPG, LNG, Nitrous _____%	Tire Sales & Repair – Used _____%
Car Wash – Full Service _____%	Trailer Hitch Install or Repair _____%
Convenience Store Receipts _____%	Upholstery _____%
Detailing _____%	Valet Parking (Valet supplemental required) _____%
Driveway Contractor, Wrecker or Towing Service _____%	Van Conversion _____%
Frame or Unibody Straightening _____%	Window Tinting _____%
Gasoline Station – Full Service _____%	Windshield Install or Repair _____%
Gasoline Station – Self Service _____%	Other: _____%
Are all spray painting operations completed in an UL approved booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all paints and solvents stored in a fire resistive cabinet outside the paint booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTO STORAGE AND VALUES**

Owned Autos: \_\_\_\_\_

Non-Owned Autos: \_\_\_\_\_

How are Autos Stored?

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- Building                     Standard Lot\*
- Non-Standard Lot \*\*    Unprotected Lot \*\*

- Building                     Standard Lot\*
- Non-Standard Lot\*\*    Unprotected Lot\*\*

Value Per Auto:    Average \_\_\_\_\_ Max \_\_\_\_\_

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Number of Autos: Average \_\_\_\_\_ Max \_\_\_\_\_

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\* Standard Lot: When closed for business all entrances, exits, openings and the entire premises is protected by fences with locked gates, or post and heavy chains with locks.

\*\* Non-Standard Lot: Any other type of protection.

\*\* Unprotected Lot: No theft barrier present.

**EMPLOYEE AND NON-EMPLOYEE INFORMATION    LIST ALL OWNERS, EMPLOYEES, DRIVERS & HOUSEHOLD MEMBERS**

Loc #	Name Driver License Number & State	Date of Birth	Violations & Accidents within the past 3 yrs.	Status (A, B, C or D)	Hours Worked FT/ PT	Auto Usage (F,B N)

Have all owners, employees, drivers & household members been disclosed above?    Yes    No

STATUS:

- A) Regular Operator: Owners, partners, officers, salespersons, managers & employee with regular operation
- B) Other employees: Clerical staff, lot personnel, mechanics & those who do not regularly operate an auto.
- C) Non-employees: Inactive owners, partners, officers and their spouses.
- D) Contract driver: Scheduled individual (provide name) or Blanket.

USAGE:

- F) Furnished
- B) Business Use
- N) None

**SCHEDULED AUTOS**

Use: P = Personal   S = Service   C = Commercial

Year	Make	Model	VIN	Value	Loss Payee	
1						
2						
3						
GVW	Use	Radius	Filings Required	Check Coverages Desired		
1			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP
2			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP
3			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP

**COVERAGE & LIMITS**

Garage Liability	Limit of Liability	Deductible
	Auto _____	Each Accident _____ Bi & PD
	Other Than Auto _____	Each Accident _____
	Other Than Auto _____	Aggregate Limit _____

Garagekeepers	Limit of Coverage	
<input type="checkbox"/> Legal Liability	Location 1 _____	Maximum Value Per Single Auto _____
<input type="checkbox"/> Direct Excess	Location 2 _____	_____ Deductible Per Auto
<input type="checkbox"/> Direct Primary	Location 3 _____	_____ Deductible Per Occurrence
<input type="checkbox"/> Comprehensive	In- Tow Coverage	<input type="checkbox"/> For Hire <input type="checkbox"/> Not-For-Hire
<input type="checkbox"/> Specified Causes	Limit Per Tow Truck: _____	Number of Tow Trucks _____
<input type="checkbox"/> Collision		

Dealers Open Lot	Limit of Coverage	
<input type="checkbox"/> Comprehensive	Location 1 _____	Maximum Value Per Single Auto _____
<input type="checkbox"/> Specified Causes	Location 2 _____	_____ Deductible Per Auto
<input type="checkbox"/> Collision	Location 3 _____	_____ Deductible Per Occurrence
	<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Consigned Autos
<input type="checkbox"/> False Pretense	<input type="checkbox"/> Your interest and the interest of any creditor as Loss Payee	

Medical Payments	Auto Medical _____	Garage Operations/Premises Medical _____
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Uninsured Motorists	Each Accident _____	Number of Dealer Tags: _____
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Underinsured Motorists	Each Accident _____	Uninsured Motorists Property Damage _____
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Personal Injury Protection	Per Statute _____
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Radius of Pickup & Delivery	<input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1,000 Miles <input type="checkbox"/> 1,000+ Miles
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<input type="checkbox"/> Broadened Coverage (includes Personal Injury and \$ 50,000 in Fire Legal Liability)	<input type="checkbox"/> Hired Auto
<input type="checkbox"/> Fire Legal Liability Limit _____	<input type="checkbox"/> Broad Form Products
<input type="checkbox"/> Personal Injury Liability	<input type="checkbox"/> Drive Other Car

<input type="checkbox"/> Additional Insured	Name _____
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<input type="checkbox"/> Waiver of Subrogation (landlord only)	Address: _____
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Insurable Interest/Relationship to risk: _____
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Additional Information: \_\_\_\_\_

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 may be subject to civil and criminal penalties.

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant