



Garage Policy Application

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

Proposed effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Business Entity:
Applicant Name: \_\_\_\_\_ [ ] Individual [ ] Joint Venture
Mailing Address: \_\_\_\_\_ [ ] Partnership [ ] Corporation
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ [ ] Other: \_\_\_\_\_
Insured Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_
Description of Operations: \_\_\_\_\_
Years in business: \_\_\_\_\_ Years of Experience in this field: \_\_\_\_\_ Web Site: \_\_\_\_\_
If new venture, describe prior related experience: \_\_\_\_\_
Location 1 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Location 2 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Location 3 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

INSURANCE HISTORY [ ] No prior insurance [ ] No prior losses
In the last 3 years has any company cancelled, declined or refused to issue similar insurance to the insured? [ ] Yes [ ] No
If yes, explain: \_\_\_\_\_
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 \_\_\_\_\_

Table with 4 columns: Type of Vehicle, Sales, Repair, and another Sales/Repair column. Rows include Auto - Private Passenger New, Auto - Private Passenger Used, Antique or Classic Autos, ATV, Snowmobile, Dirt Bike \*, Boat or Watercraft \*, Jet Ski \*, Buses / Motor Coaches \*, Contractors Equipment \*, Emergency Vehicles or Public Livery \*, Farm Tractors, Implements or Equipment \*, Golf Carts \*, Heavy Truck (26,000+ GVW) \*, Mobile Home, Motorcycle or Scooter \*, Off Road 4x4 \*, Semi- Trailer \*, Sports or High Performance, RV & Camper (Motorhome) \*, Trailer (Utility or Travel Trailer), and Other: \_\_\_\_\_

\*SPECIALTY VEHICLE SUPPLEMENTAL REQUIRED

**DO YOU:**

**(Explain All Yes Answers below)**

	Yes	No		Yes	No
Structurally alter vehicles from factory design?	<input type="checkbox"/>	<input type="checkbox"/>	Park autos on public streets?	<input type="checkbox"/>	<input type="checkbox"/>
Convert vehicles from factory design?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in auto or title pawning?	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor events for sports, racing, rides, rallies, shows, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in towing for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Own, repair, service or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>	Perform Repossession Operations?	<input type="checkbox"/>	<input type="checkbox"/>
Sell, rebuild or repair autos with a salvage title?	<input type="checkbox"/>	<input type="checkbox"/>	If yes:		
If yes, _____% of operation & _____% of structural repairs			For Hire _____% For You _____%		
Dismantle Autos or have Salvage Operations?	<input type="checkbox"/>	<input type="checkbox"/>	Have animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Are autos stacked more than 3 high?	<input type="checkbox"/>	<input type="checkbox"/>	Have weapons on person/ premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a car crusher on site?	<input type="checkbox"/>	<input type="checkbox"/>	Sell uninstalled parts or accessories?	<input type="checkbox"/>	<input type="checkbox"/>
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Receipts: \$_____		
Loan, lease or rent autos to others?	<input type="checkbox"/>	<input type="checkbox"/>	Conduct any other operations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: <input type="checkbox"/> Loan/ Rent to customer while repairing their auto		<input type="checkbox"/> Rent/ Lease to the public			

**Explain all yes answers:** \_\_\_\_\_

**DEALER OPERATIONS**

On-premises

Nature of Business: Retail \_\_\_\_\_% Consignment \_\_\_\_\_% Export \_\_\_\_\_% Wholesale\* \_\_\_\_\_% Broker\* \_\_\_\_\_% Auction \_\_\_\_\_%

Do you sell over the internet?  Advertising Only  Sight-Unseen Sales *\*Wholesale Supplement Also Required*

How many vehicles do you sell per year? \_\_\_\_\_

How many Dealer Plates do you have? \_\_\_\_\_

Is there a Personal Auto Policy in your household?  Yes  No If yes, what company? \_\_\_\_\_

Do you offer buy here/ pay here sales?  Yes  No

    If yes, or if you Export vehicles, when are titles transferred? \_\_\_\_\_

    Are you listed as lienholder on the title?  Yes  No

Do salespeople accompany customers on all test drives?  Yes  No

    If no: Do you require a copy of their Driver's License & Proof of Insurance?  Yes  No

    Are customers under age 21 accompanied on all test drives?  Yes  No

Do you allow extended or overnight test drives?  Yes  No

Radius of pickup and delivery:  1-300 miles  301-500 miles  501-1,000 miles  Unlimited

How do you transport autos:  Owned Tow Truck or Car Hauler  Owned Tow Bar or Dolly

Driven by Employees  Contracted Tow Truck or Car Hauler  Temporary or Contract Driver

**NON-DEALER OPERATIONS**

Where do you conduct operations? Your Premises \_\_\_\_\_% Customer's Location \_\_\_\_\_% Roadside \_\_\_\_\_%

    Other \_\_\_\_\_%

Are signs posted to keep customers from work areas?  Yes  No

Do you sell any of the following:  Gasoline  Diesel Fuel  LPG  Kerosene  Fuel Oil  Liquefied Natural Gas

    If yes, Gross Receipts: \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

How many Repair/Transporter plates do you have? \_\_\_\_\_

Do you pick-up or deliver customers' vehicles?  Yes  No

    If yes, how far do you go? \_\_\_\_\_ Miles How often? \_\_\_\_\_ Times a week

**NON-DEALER OPERATONS**

*"Auto" refers to types of vehicles identified on page 1*

Alarm, Stereo or Navigational Systems	_____%	Gasoline Station	_____%
Alignment	_____%	Full Serve <input type="checkbox"/> Self-Serve <input type="checkbox"/>	
Airbags	_____%	Handicap Vehicle Conversion	_____%
Auto Dismantling	_____%	Lift Kits / Lowering Kits (max # of _____ inches)	_____%
Auto Body Shop	_____%	Oil /Lube	_____%
Auto Painting	_____%	Parking Lot or Garage (self-park)	_____%
Auto Restoration	_____%	Roadside Assistance	_____%
Brakes	_____%	Roadside Tires _____% <i>If any, complete tire section</i>	
Breathalyzer / Ignition Interlock Sales, Installation, Service	_____%	Safety Inspections	_____%
Car Wash: Full Service _____% Self Service _____%	_____%	Storage/Impound Lot	_____%
Convenience Store	_____%	Suspension	_____%
Receipts \$_____	_____%	Transmission	_____%
Cooking / Restaurant exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tires – <i>If any, complete tire section:</i>	_____%
Customization and/or Performance Enhancement	_____%	Towing	_____%
Purpose: Go Faster _____% Cosmetic _____%		Trailer Hitch Install or Repair	_____%
Run Better _____%		Bolt _____% Weld _____%	
Detailing	_____%	Tune Ups / Maintenance	_____%
Engine Repair	_____%	Valet Parking (Valet supplemental required)	_____%
Fiberglass Body Repair	_____%	Welding <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	_____%
Fuel Conversion (CNG, Nitrous): Type: _____	_____%	Window Tinting	_____%
Frame Work: Straightening <input type="checkbox"/> Yes <input type="checkbox"/> No	_____%	Windshield Install or Repair	_____%
Cutting/Stretching <input type="checkbox"/> Yes <input type="checkbox"/> No		Other: _____	_____%
Do you cut between the axles? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are all spray painting operations completed in a separate, ventilated room?		<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	
Explain if No _____			

**TIRES** (Complete if any percentage of Tires above)

1) New Tires _____% Used Tires _____	5) Do you perform Rim Repair <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Do you fix/change tires for heavy trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: a) Are tires removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: Recaps/Re-Treads _____% Split Rim Work _____%	b) Cosmetic Only? <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Do you sell Tires over 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	6) Do you rent or lease Tires? <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Describe quality assurance to ensure tires are properly installed & inflated and all lug nuts properly tightened: _____	
_____	

**AUTO STORAGE AND VALUES**

Is your lot fully fenced and gated?  Yes  No

If no, describe lot security: Security Cameras  Building  Age: \_\_\_\_\_ Construction: \_\_\_\_\_

PC: \_\_\_\_\_ Central Station Alarm?  Yes  No

Other: \_\_\_\_\_

Are keys secured in a lock box?  Yes  No

If no, describe key controls: \_\_\_\_\_

<u>Owned Autos Held for Sale:</u>		<u>Non-Owned Autos:</u>	
Value Per Auto: Average _____	Max _____	Value Per Auto: Average _____	Max _____
Number of Autos: Average _____	Max _____	Number of Autos: Average _____	Max _____

**PEOPLE: LIST ALL OWNERS, EMPLOYEES and DRIVERS (INCLUDE ANY HOUSEHOLD MEMBERS WHO DRIVE YOUR CARS)**

Name	Driver's License Number	State	Date of Birth	Within the past 3 yrs.		Status	Hours Worked	Auto Usage
				Violations	Accidents	*See Below (1-12)	**See Below (F,P,N)	***See Below (A-D)
1			/ /					
2			/ /					
3			/ /					
4			/ /					
5			/ /					
6			/ /					
7			/ /					
8			/ /					
9			/ /					
10			/ /					

**MISSOURI ONLY:** Anyone under the age of 21 must be listed on the MUS 70019 Driver Exclusion, with the insured's signature.

Explain any violations or accidents: \_\_\_\_\_

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

**\*STATUS**

**Class I – Employees/Regular Operators**

- 1 Active Owner, Partner or Officer
- 2 Inactive Owner, Partner or Officer
- 3 Salesperson
- 4 Manager

**Class I – All Other**

- 5 Lot Person
- 6 Mechanic
- 7 Clerical
- 8 Contract Driver
- 9 Other: \_\_\_\_\_

**Note: EMPLOYEE includes 1099 and other 'subcontracted' persons who work in your "Garage Operation" and do not have their own insurance.**

**Class II – Non-Employees**

- 10 Spouse of Owner, Partner or Officer
- 11 Child of Owner, Partner or Officer (14 years of age or older) whether licensed to drive or not
- 12 Other: \_\_\_\_\_

**\*\* HOURS WORKED**

- F Full Time (over 20 hours per week)
- P Part Time (20 hours or less per week)
- N Non-Employee

**\*\*\* AUTO USE**

- A Furnished a covered auto for business and personal use
- B Drives a covered auto strictly for business & carries a separate personal auto policy
- C Drives a covered auto strictly for business & DOES NOT carry a separate personal auto policy
- D Does not drive a covered auto

<b>SCHEDULED AUTOS</b>						<b>Use: P = Personal S = Service (used to service the risk itself) C = Commercial (tow truck for hire)</b>						
Year	Make	Model	VIN	Value	Loss Payee							
GVW	Use	Radius	Filings Required		Check Coverages Desired							
			<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		
			<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		
			<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		

<b>COVERAGE &amp; LIMITS</b>		
Garage Liability	<u>Limit of Garage Liability</u> Auto _____ Other Than Auto _____ Each Accident Other Than Auto _____ Aggregate Limit	<u>Deductible</u> Each Accident _____ Bi & PD _____ Each Accident _____ Aggregate Limit
Garagekeepers	<u>Limit of Coverage</u>	
<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 & Collision	In- Tow Coverage:	<input type="checkbox"/> For Hire <input type="checkbox"/> Not-For-Hire
<input type="checkbox"/> Specified Causes & Collision	Limit Per Tow Truck: _____	Number of Tow Trucks _____
Dealers Physical Damage	<u>Limit of Coverage</u>	
<input type="checkbox"/> Comprehensive & Collision	Location 1 _____	Maximum Value Per Single Auto _____
<input type="checkbox"/> Specified Causes & Collision	Location 2 _____	_____ Deductible Per Auto
	Location 3 _____	_____ Deductible Per Occurrence
	<u>Coverage applies to:</u> (Check at least 1)	
<input type="checkbox"/> False Pretense	<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Consigned Autos
	<input type="checkbox"/> Your interest and the interest of any creditor as Loss Payee (provide name/address below)	
Dealer's Errors & Omissions (\$50,000 Limit) <input type="checkbox"/> Truth in Lending <input type="checkbox"/> Federal Odometer <input type="checkbox"/> Title <input type="checkbox"/> Insurance Agents		
Medical Payments	Auto Medical _____	Garage Operations /Premises Medical _____
Uninsured Motorists	Each Accident _____	Number of Tags: Dealer _____ Transporter _____
Underinsured Motorists	Each Accident _____	Uninsured Motorists Property Damage _____
Personal Injury Protection	Limit Per Statute _____	
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	
<input type="checkbox"/> Broadened Coverage (includes Personal Injury and \$ 50,000 in Damage to Rented Premises)	<input type="checkbox"/> Hired Auto	
<input type="checkbox"/> Damage to Rented Premises    Limit _____	<input type="checkbox"/> Broad Form Products	
<input type="checkbox"/> Personal Injury Liability (do not select if Broadened Coverage is requested)	<input type="checkbox"/> Drive Other Car	
<input type="checkbox"/> Additional Insured	Name _____	
<input type="checkbox"/> Waiver of Subrogation (landlord only)	Address: _____	
Insurable Interest/ Relationship to risk: _____		
Additional Information (Include any Related GL Operations you wish to package with the Garage Policy) :		
_____		
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