



GARAGE RENEWAL APPLICATION

NOTE: Colony Garage Division reserves the right to request a completed Colony Garage Application for additional information if there are any significant changes in the operation.

Named Insured: _____

Renewal of Policy Number: _____ Renewal Term: From: _____ To: _____

Indicate if any changes to be made at renewal:

- | | | | |
|-----------------|---------------------------------|--------------------------------|--|
| (a) Coverages | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | If yes complete page 2 |
| (b) Limits | <input type="checkbox"/> | <input type="checkbox"/> | If yes complete page 2 |
| (c) Deductibles | <input type="checkbox"/> | <input type="checkbox"/> | If yes complete page 2 |
| (d) Vehicles | <input type="checkbox"/> | <input type="checkbox"/> | If yes complete page 2 |
| (e) Plates | <input type="checkbox"/> | <input type="checkbox"/> | If yes, how many current: Dealer: _____ Transporter: _____ |
| (f) Location | <input type="checkbox"/> | <input type="checkbox"/> | New Address: _____ |

Complete the following in full:

1. What percentage by **type of vehicle** do you sell or service? **(*complete additional Questionnaire)**

a. Cars, sport utility, pickups, vans _____%	e. Motorcycle & Off-road RV* _____%
b. Commercial trucks & trailers* _____%	f. RV (Motorhome, Camping Trailer)* _____%
c. Construction & Farming Equipment* _____%	g. Salvage (used) parts* _____%
d. Emergency Vehicles & Equipment* _____%	h. Watercraft (including Jet Skis)* _____%
2. Describe any changes in operation or exposure: _____

3. List all current Owners, Employees and Drivers (including all family members licensed to drive):

Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Furnished Auto? Y/N	Violations & Accidents Past 3 Years	Full or Part Time	Job Title/Duties

Attach Garage Application Additional Employee Supplement (G1603B) if additional space is needed.

COVERAGE REQUESTED

Garage Liability Limit \$ _____ each accident, \$ _____ aggregate
 Add Broadened Coverages-Garage
 Additional Insured & Why _____
 Add Liability for these Related Operations from page 1:
 Operations _____ Gross Receipts \$ _____ Operations _____ Gross Receipts \$ _____
 Operations _____ Gross Receipts \$ _____

Garagekeepers Limit \$ _____ per location Basis: Legal Liability or Primary
 SCL or Comp with \$ _____ deductible Collision with \$ _____ deductible
 Maximum Limit per Vehicle \$ _____ In-Transit Limit per auto \$ _____

Dealers Physical Damage Limit \$ _____ per location
 SCL or Comp with \$ _____ deductible Collision with \$ _____ deductible
 Maximum Limit per Vehicle \$ _____ 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.	Stated Amount

Auto No.	GVW	Use	Radius	Loss Payee

Medical Payments Limit \$ _____ Premises Only Combined
 Fire Legal Liability \$50,000 or \$ _____
 Commercial Property (attach ACORD 140 **and** TRIA 2002 Notice)

AVAILABLE FOR DEALERS AND/OR SCHEDULED AUTOS ONLY:

Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)
 Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)

Remarks: _____

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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.

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia

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

Colorado

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.

Florida

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

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

New Jersey

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

New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Ohio

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.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

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.

Maine, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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

Date

Agent's or Broker's Name (Please print)

Telephone Number

Agents Signature

License No.

Date