

GARAGE APPLICATION

Applicant Name (include DBA) _____

Business Entity Individual Partnership Joint Venture Corporation LLC FEIN _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Name _____ Phone Number _____ Website _____

Location 1 _____ City _____ State _____ Zip _____

Lot protection Building Standard (fully fenced – 6ft or higher) Non-Standard Unprotected

Location 2 _____ City _____ State _____ Zip _____

Lot protection Building Standard (fully fenced – 6ft or higher) Non-Standard Unprotected

Location 3 _____ City _____ State _____ Zip _____

Lot protection Building Standard (fully fenced – 6ft or higher) Non-Standard Unprotected

Years in Business _____ Years of Industry Experience _____ Years of Ownership/Management Experience _____

Description of operations: _____

Do you engage in any other operations? Yes No If yes, explain: _____

PRIOR CARRIER & LOSS HISTORY

No prior insurance

Current Carrier _____ Policy Period _____ Premium \$ _____

Prior Carrier _____ Policy Period _____ Premium \$ _____

Prior Carrier _____ Policy Period _____ Premium \$ _____

No prior losses

Date of loss	Amount paid/reserved	Description of loss	Driver involved
	\$		
	\$		
	\$		
	\$		

GENERAL UNDERWRITING INFORMATION

Do you:

- | | |
|---|---|
| Obtain certificates of insurance from all sub-contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Loan, lease or rent autos to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sell, rent or loan dealer, transporter or any other plates to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Perform operations at any airport, seaport or railroad premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Engage in auto pawning or auto title pawns/loans? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alter or convert autos from their original factory design? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alter any safety equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Engage in fuel conversion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Manufacture or fabricate any auto parts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Own, sponsor or repair any vehicles used in racing events? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have weapons or animals on your premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Leave the keys in or upon an auto at any time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain all "Yes" responses _____

Gross Receipts (*requires separate supplement)

Auto Sales \$ _____	Auto Repair/Service \$ _____
Auto Storage/Impound \$ _____	Valet Parking* \$ _____
Uninstalled Part/Product Sales \$ _____	Towing (For-Hire) \$ _____
(total 100%) New _____% Used _____%	Towing (Not For-Hire) \$ _____
Salvage Yard/Auto Dismantling* \$ _____	Convenience Store \$ _____
Gas Sales (gallons) \$ _____	LPG Sales \$ _____
Other: _____ \$ _____	Car Wash \$ _____

TYPES OF AUTOS (Must total 100%)

_____ ATVs / UTVs / Dune Buggies* _____ % youth focused
 _____ Antique / Classic / Vintage Autos
 _____ Boats / Watercraft* Size _____ feet
 _____ Boom Trucks
 Max boom height _____ feet
 Max capacity _____ tons
 _____ Bucket Trucks / Cherry Pickers / Man Lifts / Scissor Lifts
 Max working height _____ feet
 _____ Buses School or Church Buses
 Max passenger capacity _____
 Max GVW _____
 _____ Construction / Contractors Equipment
 _____ Cranes Max height _____ feet
 _____ Dirt Bikes / Motocross Cycles
 _____ Dump Trucks
 _____ Emergency Vehicles*
 Type: _____
 Including work on lifesaving equipment
 No work on lifesaving equipment
 _____ Farm Equipment Vehicles Implements
 _____ Forklifts
 _____ Go-carts
 _____ Golf-carts – licensed for public road use
 _____ Golf-carts – not licensed for public road use

_____ Heavy & Extra Heavy Trucks* (over 26K GVW)
 _____ Jet Skis
 _____ Lawn / Tree Service Equipment
 _____ Logging Trucks / Equipment
 _____ Military Vehicles
 _____ Mining / Oilfield Equipment
 _____ Mobile Homes (non-motorized)
 _____ Motorcycles*
 _____ Municipal Vehicles
 _____ Off-Road / 4X4*
 _____ Private Passenger (autos, vans, SUVs, light trucks)
 _____ Refrigerated Vans / Trailers
 _____ RVs / Motorhomes / Motor Coaches
 _____ Salvage / Reconstructed Titled Autos
 _____ Scooters / Mopeds - Licensed for road use
 _____ Scooters / Mopeds - Not licensed for road use
 _____ Semi-Trailers
 _____ Snowmobiles
 _____ Tankers / Tank Trailers
 Type of materials: _____
 Flammable Non-Flammable
 _____ Trailers - Utility / Service / Horse
 _____ Travel Trailers / Campers
 _____ Other: _____

TYPES OF REPAIRS (Must total 100%)

_____ Airbags
 _____ Alarm / GPS / Sound & Audio Visual System / Stereo
 _____ Alignment
 _____ Appliance (kitchen, laundry, etc.)
 _____ Battery
 _____ Blades / Chippers / Cutting Equip
 _____ Body _____ % fiberglass
 _____ Brakes
 _____ Breathalyzer / Ignition Interlock Device
 _____ Car Wash _____ % Full Service
 _____ % Self Service
 _____ Detailing
 _____ Electrical / Wiring
 _____ Engine
 _____ Fabrication: _____
 _____ Implement: _____
 Frame Straightening Cutting Stretching
 _____ Fuel Conversion
 _____ Handicap Equipment
 _____ Hydraulics Lifting Apparatuses Dump Beds
 _____ Lift / Lowering Kits Max height _____ inches
 _____ LPG (Liquefied Petroleum Gas)
 _____ Mufflers
 _____ Oil / Lube Offer expedited svc (30 min or less, etc.)
 _____ Other: _____

N/A, No repairs performed
 _____ Painting Explosion proof lighting & fixtures
 Exhaust ventilation
 Paint stored in fire-resistive cabinet
 _____ Performance Enhancement
 Beyond original mfg specifications
 Describe: _____
 _____ Power Train
 _____ Radiator
 _____ Refrigeration Unit
 _____ Roadside Assistance
 _____ Roll Bar / Roll Cages
 _____ Snow Plow Installation / Repair
 _____ Suspension Repair
 _____ Tank Repair / Cleaning
 _____ Tires / Rims / Wheels*
 _____ Trailer Hitch / 5th Wheel Installation
 Bolt-on Weld-on
 _____ Transmission
 _____ Tune-Up
 _____ Upholstery
 _____ Van Conversion*
 _____ Vehicle Wraps
 _____ Welding (**see #24**)
 _____ Window Tinting
 _____ Windshield Installation

*requires separate supplement

GENERAL UNDERWRITING INFO CONTINUED

1. Are keys kept in a secure location where only authorized individuals have access? Yes No
2. Do you repossess autos? Yes No If yes, check all that apply: Autos you have sold Other dealers'/bankowned autos
3. Do you perform operations or having driving exposures in any state other than the scheduled location(s)? Yes No
If yes, list all states: _____
4. Do you have registration / transporter/ repairer plates? Yes No
If yes, a) How many: _____ b) What are they used for? _____
5. Do you take autos to trade shows, special events, fairs or rides/rallies? Yes No
If yes, a) How many per year: _____ b) Where do you go? _____

DEALER EXPOSURES

6. Type of sales (total 100%): Retail _____% Wholesale/Broker* _____% Consignment _____% Auction _____%
7. How many dealer plates do you have? _____ 8. What are the dealer plates used for? _____
9. How many autos do you sell per year? _____ 10. Where are the dealer plates stored? _____
11. How are your vehicles transported? (select all that apply) Driven by Owner/Employees Owned Tow Truck or Car Hauler
 Owned Tow Bar or Dolly Temporary/Contract Driver Contracted Tow Truck or Car Hauler
12. Do you allow extended or overnight test drives? Yes No
13. Do you accompany all customer test drives? Yes No
14. Do you transfer title to the customer immediately upon sale? Yes No
15. Do you obtain a copy of the customer's drivers license and proof of insurance before all test drives? Yes No
16. Do you export autos? Yes No If yes, are titles transferred prior to the auto leaving your lot for shipping? Yes No
17. Do you import autos? Yes No If yes, is a US distributor utilized? Yes No

REPAIR/SERVICE/NON-DEALER EXPOSURES

18. Where are operations performed? (total 100%) Your Premises _____% Customer Premises _____% Roadside _____%
19. Do you pick up, deliver or transport autos not owned by you? Yes No If yes, max radius: _____ miles
20. Do you allow customers to drive autos into the bay? Yes No 21. Do you park on public streets? Yes No
22. Are signs posted to keep customer out of work area? Yes No 23. Are no smoking signs posted? Yes No
24. Do you have serviced and charged fire extinguishers on site? Yes No
25. What do you weld? _____ N/A - no welding
Safeguards in place: Performed in designated area. Describe: _____
 30 minute fire watch Fire Extinguisher nearby Welding blanket
26. If you have an LPG exposure, do you abide by the NFPA 58 – Liquefied Petroleum Gas Code? Yes No N/A

EMPLOYEE LIST

Name	Driver's License #	State	Date of Birth	Accidents/Violations (3 years)	Hours Worked	Auto Use	Status	PAP in place?

- | | | | |
|---|---|---|--|
| Hours Worked
F = Full-Time (over 20 hrs/week)
P = Part-Time (20 hrs or less/week)
N = Non-Employee / Inactive | Auto Use
A = Furnished a covered auto for personal use
B = Business use only of covered autos
C = Excluded Driver | Status
1. Owner/Partner/Officer
2. Manager
3. Salesperson
4. Mechanic
5. Clerical | 6. Lot person
7. Driver (valet/contract/etc)
8. Spouse of owner/employee
9. Child of owner/employee
10. Other: _____ |
|---|---|---|--|

27. Have all owners, employees, non-employees, household members, independent contractors and any drivers who work for the business or who may operate your vehicles or vehicles in your care, on a regular or infrequent basis, been disclosed above? Yes No

COVERAGES AND LIMITS

LIABILITY

21 (Any Auto) 22 (Owned Autos) 28 (Hired Autos) 29 (Non-Owned Autos) Deductible \$ _____

General Liability Bodily Injury & Property Damage \$ _____ Each Accident

Covered Autos Liability \$ same as above Each Accident

Damage to Premises Rented \$ _____ Any One Premises

Personal & Advertising Injury Liability \$ _____ Any One Premises or Organization

\$ _____ General Liability Aggregate

\$ _____ Products & Work You Performed Aggregate

Medical Payments – Locations & Operations 1,000 2,000 3,000 5,000 Other _____

Medical Payments - Auto 1,000 2,000 3,000 5,000 Other _____

Broad Form Products Drive Other Car Registration Plates Not Issued to Specific Auto

Auto Dealers Acts, Errors or Omissions: Truth In Lending Odometer Title Insurance Agents or Brokers

Dealers Drive-Away Radius (pick-up & delivery of owned autos): 0-200 miles 201-300 miles 301-500 miles 501-1,000 miles Unlimited

Uninsured Motorists - BI \$ _____ Underinsured Motorists - BI \$ _____

Uninsured Motorists - PD \$ _____ Personal Injury Protection \$ _____

DEALERS PHYSICAL DAMAGE

Perils Limits Per Location Maximum Per Auto Limit \$ _____

Comprehensive & Collision Loc1 \$ _____ Per Auto Deductible \$ _____

Specified Causes & Collision Loc2 \$ _____ Average number of autos on lot _____

Loc3 \$ _____ False Pretense

Loss Payee Name & Address _____

Loss Payee Name & Address _____

GARAGEKEEPERS

Perils Limits Per Location Maximum Per Auto Limit \$ _____

Comprehensive & Collision Loc1 \$ _____ Per Auto Deductible \$ _____

Specified Causes & Collision Loc2 \$ _____ Average number of autos on lot _____

Loc3 \$ _____ Coverage Basis Legal Liability Direct Primary

Additional Insured Primary / Non-Contributory (attach copy of contract) Waiver of Subrogation (attach copy of contract)

Name & Address _____

Relationship to Insured _____

Additional Insured Primary / Non-Contributory (attach copy of contract) Waiver of Subrogation (attach copy of contract)

Name & Address _____

Relationship to Insured _____

Scheduled Auto Liability or Physical Damage (attach completed Acord 127 or scheduled auto supplement)

Property (attach completed Acord 140)

General Fraud Statement

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 hereto, may be committing a fraudulent insurance act and may be subject to a civil penalty or fine.

Applicant Signature

Applicant Name Printed

Date

Agent Signature

Agent Name Printed

Date