

GARAGE APPLICATION

Applicant Name (include DBA) _____ FEIN _____
 Business Entity Individual Partnership Joint Venture Corporation LLC Effective Date _____
 Contact Name _____ Phone Number _____ Website _____
 Mailing Address _____ City _____ State _____ Zip _____
 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 \$ _____
 Current Carrier _____ Policy Period _____ Premium \$ _____
 Current 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? Yes No N/A
If yes, advise what subs are used for below.

Loan, lease or rent autos to or from others? Yes No
 Sell, rent or loan dealer, transporter or any other plates to others? Yes No
 Perform operations at any airport, seaport or railroad premises? Yes No
 Engage in auto pawning or auto title pawns/loans? Yes No
 Alter or convert autos from their original factory design? Yes No
 Alter any safety equipment? Yes No
 Engage in fuel conversion? Yes No
 Manufacture or fabricate any auto parts? Yes No
 Own, sponsor or repair any vehicles used in racing events? Yes No
 Have weapons or animals on your premises? Yes No
 Leave the keys in or upon an auto at any time? Yes No
 Do you park autos on public streets? Yes No

Explain all "Yes" responses _____

GROSS RECEIPTS

Auto Dismantling* \$ _____	Auto Repair/Service \$ _____	Auto Sales \$ _____
Auto Storage/Impound* \$ _____	Gas Sales (gallons) \$ _____	Car Wash \$ _____
Uninstalled Part Sales \$ _____	Convenience Store \$ _____	Towing \$ _____
Other _____ \$ _____	Valet Parking \$ _____	<input type="checkbox"/> Not For-Hire <input type="checkbox"/> For-Hire

*requires separate supplement

TYPES OF AUTOS

Complete/select all that apply **Must total 100%**

<p>_____ ATVs / UTVs / Dune Buggies* _____ % youth focused</p> <p>_____ Antique / Classic / Vintage Autos</p> <p>_____ Boats / Watercraft* Size _____ feet</p> <p>_____ Boom Trucks</p> <p style="padding-left: 40px;">Max boom height _____ feet</p> <p style="padding-left: 40px;">Max capacity _____ tons</p> <p>_____ Bucket Trucks / Cherry Pickers / Man Lifts / Scissor Lifts</p> <p style="padding-left: 40px;">Max working height _____ feet</p> <p>_____ Buses <input type="checkbox"/> School or Church Buses</p> <p style="padding-left: 40px;">Max passenger capacity _____</p> <p style="padding-left: 40px;">Max GVW _____</p> <p>_____ Construction / Contractors Equipment</p> <p>_____ Cranes Max height _____ feet</p> <p>_____ Dirt Bikes / Motocross Cycles</p> <p>_____ Dump Trucks</p> <p>_____ Emergency Vehicles*</p> <p style="padding-left: 20px;">Type: _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Including work on lifesaving equipment</p> <p style="padding-left: 40px;"><input type="checkbox"/> No work on lifesaving equipment</p> <p>_____ Farm Equipment <input type="checkbox"/> Vehicles <input type="checkbox"/> Implements</p> <p>_____ Forklifts</p> <p>_____ Go-carts</p> <p>_____ Golf-carts – licensed for public road use</p> <p>_____ Golf-carts – not licensed for public road use</p>	<p>_____ Heavy & Extra Heavy Trucks* (over 26K GVW)</p> <p>_____ Jet Skis</p> <p>_____ Lawn / Tree Service Equipment</p> <p>_____ Logging Trucks / Equipment</p> <p>_____ Military Vehicles</p> <p>_____ Mining / Oilfield Equipment</p> <p>_____ Mobile Homes (non-motorized)</p> <p>_____ Motorcycles*</p> <p>_____ Municipal Vehicles</p> <p>_____ Off-Road / 4X4*</p> <p>_____ Private Passenger (autos, vans, SUVs, light trucks)</p> <p>_____ Refrigerated Vans / Trailers</p> <p>_____ RVs / Motorhomes / Motor Coaches</p> <p>_____ Salvage / Reconstructed Titled Autos</p> <p>_____ Scooters / Mopeds - Licensed for road use</p> <p>_____ Scooters / Mopeds - Not licensed for road use</p> <p>_____ Semi-Trailers</p> <p>_____ Snowmobiles</p> <p>_____ Tankers / Tank Trailers</p> <p style="padding-left: 40px;">Type of liquid: _____</p> <p style="padding-left: 80px;"><input type="checkbox"/> Flammable <input type="checkbox"/> Non-Flammable</p> <p>_____ Trailers - Utility / Service / Horse</p> <p>_____ Travel Trailers / Campers</p> <p>_____ Other: _____</p>
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TYPES OF REPAIRS

Complete/select all that apply **Must total 100%** N/A, No repairs performed.

<p>_____ Airbags</p> <p>_____ Alarm / GPS / Sound & Audio-Visual System / Stereo</p> <p>_____ Alignment</p> <p>_____ Appliance (kitchen, laundry, etc.)</p> <p>_____ Battery</p> <p>_____ Blades / Chippers / Cutting Equip</p> <p>_____ Body _____ % fiberglass</p> <p>_____ Brakes</p> <p>_____ Breathalyzer / Ignition Interlock Device</p> <p>_____ Car Wash total 100%: _____ % Full Service</p> <p style="padding-left: 40px;">_____ % Self Service</p> <p>_____ Detailing</p> <p>_____ Electrical / Wiring</p> <p>_____ Engine</p> <p>_____ Fabrication - describe: _____</p> <p>_____ Implements - describe: _____</p> <p>_____ Frame <input type="checkbox"/> Straightening <input type="checkbox"/> Cutting <input type="checkbox"/> Stretching</p> <p>_____ Fuel Conversion</p> <p>_____ Handicap Equipment</p> <p>_____ Hydraulics <input type="checkbox"/> General <input type="checkbox"/> Lifting Apparatus <input type="checkbox"/> Dump Beds</p> <p>_____ Lift / Lowering Kits Max height _____ inches</p> <p>_____ LPG (Liquefied Petroleum Gas) Sales _____</p> <p>_____ Mufflers</p> <p>_____ Oil / Lube <input type="checkbox"/> Offer expedited svc (30 min or less, etc.)</p> <p>_____ Other - describe: _____</p>	<p>_____ Painting (select all safeguards that apply)</p> <p style="padding-left: 20px;"><input type="checkbox"/> UL Approved Booth <input type="checkbox"/> Explosion proof lighting & fixtures</p> <p style="padding-left: 20px;"><input type="checkbox"/> Exhaust ventilation <input type="checkbox"/> Paint stored in fire-resistive cabinet</p> <p>_____ Performance Enhancement</p> <p style="padding-left: 40px;"><input type="checkbox"/> Beyond original manufacturer's specifications</p> <p style="padding-left: 20px;">Describe: _____</p> <p>_____ Power Train</p> <p>_____ Radiator</p> <p>_____ Refrigeration Unit</p> <p>_____ Roadside Assistance</p> <p>_____ Roll Bar / Roll Cages</p> <p>_____ Snow-Plow Installation / Repair</p> <p>_____ Suspension Repair</p> <p>_____ Tank Repair / Cleaning</p> <p>_____ Tires / Rims / Wheels*</p> <p>_____ Trailer Hitch / 5th Wheel Installation</p> <p style="padding-left: 40px;"><input type="checkbox"/> Bolt-on <input type="checkbox"/> Weld-on</p> <p>_____ Transmission</p> <p>_____ Tune-Up</p> <p>_____ Upholstery</p> <p>_____ Van Conversion*</p> <p>_____ Vehicle Wraps</p> <p>_____ Welding (see #24)</p> <p>_____ Window Tinting</p> <p>_____ Windshield Installation</p>
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*requires separate supplement

COVERAGES AND LIMITS

LIABILITY

21 (Any Auto) 22 (Owned Autos) 27 (Specifically Described Autos) 28 (Hired Autos) 29 (Non-Owned Autos)
General Liability Bodily Injury & Property Damage \$
Covered Autos Liability \$ same as above
Damage to Premises Rented \$
Personal & Advertising Injury Liability \$
Liability Deductible \$

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 (not dealer plates)

Auto Dealers Acts, Errors or Omissions: Coverages: 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 (Autos held for sale)

Perils Limits Per Location Maximum Per Auto Limit
Comprehensive & Collision Loc1 \$
Specified Causes & Collision Loc2 \$
Loc3 \$
Average number of autos on lot
False Pretense

Interests Covered Owned Autos Consigned Autos Creditor/Loss payee

Loss Payee Name & Address

Loss Payee Name & Address

GARAGEKEEPERS (Non-owned autos)

Perils Limits Per Location Maximum Per Auto Limit
Comprehensive & Collision Loc1 \$
Specified Causes & Collision Loc2 \$
Loc3 \$
Average number of autos on lot
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 Landlord Other:

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

Relationship to Insured Landlord Other:

Scheduled Auto Liability or Physical Damage (attach completed Acord 127 or scheduled auto supplement)
Property (attach completed Acord 140) Inland Marine (attach completed Acord 146)

Comments:

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