

# 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 ( sprinklered  not sprinklered)  Standard (fully fenced, min 6ft)  Non-Standard

Location 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

 Lot protection  Building ( sprinklered  not sprinklered)  Standard (fully fenced, min 6ft)  Non-Standard

Location 3 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

 Lot protection  Building ( sprinklered  not sprinklered)  Standard (fully fenced, min 6ft)  Non-Standard

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:

1. Own businesses other than the above?  Yes  No
2. Lease space at any location to other businesses?  Yes  No
3. Share a location or entrance (office, common space, indoor hallway or walkway) with any other entities?  Yes  No
4. Loan, lease or rent autos to or from others?  Yes  No
5. Sell, rent or loan dealer, transporter or any other plates to others?  Yes  No
6. Perform operations at any airport, seaport or railroad premises?  Yes  No
7. Engage in auto pawning or auto title pawns/loans?  Yes  No
8. Alter or convert autos from their original factory design?  Yes  No
9. Alter any safety equipment?  Yes  No
10. Engage in fuel conversion?  Yes  No
11. Manufacture or fabricate any auto parts?  Yes  No
12. Own, sponsor or repair any vehicles used in racing events?  Yes  No
13. Have weapons or animals on your premises?  Yes  No
14. Leave the keys in or upon an auto at any time?  Yes  No
15. 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 \$ _____
Valet Parking* \$ _____	Convenience Store \$ _____	Towing \$ _____
Other \$ _____	Uninstalled Part Sales \$ _____	<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%

- ATVs / UTVs / Dune Buggies\* \_\_\_\_\_ % youth focused
- Antique / Classic / Vintage Autos
- Boats / Watercraft\* Max 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\* (select one)
  - No work on lifesaving equipment
  - Including 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 Type: \_\_\_\_\_
- 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 liquid: \_\_\_\_\_
- Trailers - Utility / Service / Horse
- Travel Trailers / Campers
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

## TYPES OF REPAIR/SERVICE

Complete/select all that apply - Must total 100%  N/A, No repair/service performed.

- 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 total 100%: \_\_\_\_\_ % Full Service  
\_\_\_\_\_ % Self Service
- Detailing
- Electrical / Wiring
- Engine
- Fabrication - describe: \_\_\_\_\_
- Implements - describe: \_\_\_\_\_
- Frame  Straightening  Cutting  Stretch/Shorten
- Fuel Conversion
- Handicap Equipment
- Hydraulics  General  Lifting Apparatus  Dump Beds
- Lift / Lowering Kits Max height \_\_\_\_\_ inches
- LPG (Liquefied Petroleum Gas) Sales \_\_\_\_\_
- Mufflers
- Oil / Lube  Offer expedited svc (30 min or less, etc.)
- Other - describe: \_\_\_\_\_

- Painting (select all safeguards that apply)
  - UL Approved Booth  Explosion proof lighting & fixtures
  - Exhaust ventilation  Paint stored in fire proof cabinet
- Performance Enhancement
  - Beyond original manufacturer's specifications
  - Describe: \_\_\_\_\_
- Power Train
- Radiator
- Refrigeration Unit
- Roadside Assistance
- Roll Bar / Roll Cages
- Snow-Plow Installation / Repair
- Suspension  Repair  Modification
- Tank Repair / Cleaning
- Tires / Rims / Wheels\*
- Trailer Hitch / 5th Wheel Installation
  - Bolt-on  Weld-on
- Transmission
- Tune-Up
- Upholstery
- Van / Trailer / Bus Conversion\*
- Vehicle Wraps
- Welding (see #24)
- Window Tinting
- Windshield Installation

\*requires separate supplement

**GENERAL UNDERWRITING INFO CONTINUED**

16. Are keys kept in a secure location where only authorized individuals have access?  Yes  No
17. Do you repossess autos?  Yes  No If yes, check all that apply:  Autos you have sold  Other dealers'/bank owned autos
18. Do you (incl contract drivers using your plates) drive in any state other than the scheduled loc(s)?  Yes  No  
If yes, advise how often & list all states: \_\_\_\_\_
19. Do you utilize sub-contractors?  Yes  No If yes: a. For what purpose(s)? \_\_\_\_\_  
b. Are certificates of insurance obtained?  Yes  No
20. Do you have registration / transporter/ repairer plates (other than dealer plates)?  Yes  No  
If yes, a. How many: \_\_\_\_\_ b. What are they used for? \_\_\_\_\_
21. Do you take autos to trade shows, special events or rides/rallies?  Yes  No  
If yes, a. How many per year: \_\_\_\_\_ b. Describe: \_\_\_\_\_

**DEALER EXPOSURES**  N/A, No auto sales performed.

22. Type of sales (total 100%): Retail \_\_\_\_\_% Wholesale\* \_\_\_\_\_% Broker\* \_\_\_\_\_% Consignment \_\_\_\_\_% Auction\* \_\_\_\_\_%
23. How many autos do you sell per year? \_\_\_\_\_
24. How many dealer plates do you have? \_\_\_\_\_ a. What are they used for? \_\_\_\_\_  
b. Where are they stored when not in use (how are they secured)? \_\_\_\_\_
25. 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 Drivers\*  Contracted Tow Truck or Car Hauler
26. Do you transfer title to the customer immediately upon sale?  Yes  No
27. Do you accompany all customer test drives?  Yes  No
28. Do you allow extended or overnight test drives?  Yes  No
29. Do you obtain a copy of the customer's drivers license and proof of insurance before all test drives?  Yes  No
30. Do you export autos?  Yes  No If yes, are titles transferred prior to the auto leaving your lot for shipping?  Yes  No
31. Do you import autos?  Yes  No If yes, is a US distributor utilized?  Yes  No

**NON-DEALER EXPOSURES**  N/A, No auto service performed.

32. Where are operations performed? (total 100%) Your Premises \_\_\_\_\_% Customer Premises \_\_\_\_\_% Roadside \_\_\_\_\_%
33. Do you pick up, deliver or transport autos not owned by you?  Yes  No  
If yes, a. How often per \_\_\_\_\_ week \_\_\_\_\_ month \_\_\_\_\_ year b. What's the max radius? \_\_\_\_\_ miles
34. Do you allow customers to drive autos into the bay?  Yes  No  N/A, mobile
35. Are signs posted to keep customer out of work area?  Yes  No  N/A, mobile
36. Are no smoking signs posted?  Yes  No  N/A, mobile
37. Do you have serviced/charged fire extinguishers on site/with you?  Yes  No
38. What do you weld? \_\_\_\_\_  N/A - no welding  
Where is welding performed?  Inside  Outside  Roadside  Customer Premises  
Safeguards in place:  30 min fire watch  Fire Extinguisher nearby  Welding blanket  Tanks chained/strapped

**EMPLOYEE LIST**

Name	Driver's License #	State	Date of Birth	Clean MVR 3yrs? (Y/N)	CDL or MC endt?	Hours Worked	Auto Use	Status	PAP in place?

- |                                     |   |                                |
|-------------------------------------|---|--------------------------------|
| <b>Hours Worked</b>                 | <b>Auto Use</b>                               | <b>Status</b>                  |
| F = Full-Time (over 20 hrs/week)    | A = Furnished a covered auto for personal use | 1. Owner/Partner/Officer       |
| P = Part-Time (20 hrs or less/week) | B = Business use only of covered autos        | 2. Manager                     |
| N = Non-Employee / Inactive         | C = Excluded Driver                           | 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: _____               |

39. Have all owners, employees, non-employees, household members and anyone who works 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

\*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: Coverage Truth In Lending Odometer Title Insurance Agents or Brokers

Dealers Drive-Away Radius (pick-up & delivery of owned autos): 0-300 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 Per Auto Deductible
Comprehensive & Collision Loc1
Specified Causes & Collision Loc2
Loc3
Average # of autos on lot Max #
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 Per Auto Deductible
Comprehensive & Collision Loc1
Specified Causes & Collision Loc2
Loc3
Average # of autos on lot Max #
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 Gorst Scheduled Auto Supplement)

Property (attach completed Acord 140) Inland Marine (attach completed Acord 146) Excess (attach completed Acord 131)

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