



GARAGE APPLICATION

APPLICANT INFORMATION

Policy Period Requested: From ____/____/____ To ____/____/____

Business Trade Name _____

Mailing Address _____

City _____

County _____

State ____ Zip Code ____ Phone (____) ____

Years in this Business? ____ Years in the automotive industry? ____ Specialized Training or Certification? Yes No

What is your Website address? http://www. _____

Business Entity: Individual Partnership Corporation LLC

UNDERWRITING INFORMATION

1. Describe Your Operations

Dealer Auction Bus Dealer Car Dealer Coml. Trailer Dir. Motorcycle Dealer
 RV Dealer Truck Dealer Wholesaler Describe Other _____

Service Car Service & Repair Misc. Svs & Repair Repossessors Salvage Yard
 Tire Sales/Service Tow Truck Operator Truck Svs & Repair Valet & Parking
 Describe Other _____

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

a. Cars, sport utility, pickups, vans	____%	d. Motorcycle & Off-road RV	____%
b. *Commercial trucks & trailers	____%	e. *Construction & Farming Equipment	____%
c. *RV (Motorhome, Camping Trailer)	____%	f. *Salvage (used) parts	____%

3. What else do you do?

4. Locations where you conduct Garage Operations (include Zip Code)

1] _____

2] _____

3] _____

4] _____

5. What other businesses use your location(s)?

6. List all owners, owner's spouses **and all employees**. Also list other family members who drive your vehicles. (Use another page if necessary):

Name	Date of Birth	Driver License Number	State of License	Commercial Drivers License?	Auto furnished or available for regular Use?	Job Description & Status (F=fulltime; P=part-time) or Relationship
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. Prior Carrier and Loss History for 3 Years No Known Losses See Loss Runs

Current Carrier _____

Policy Year _____ Premium _____

Prior Carrier _____

Policy Year _____ Premium _____

Prior Carrier _____

Policy Year _____ Premium _____

Date of Loss	Amount	Description of Loss

Sales Questions

8. Where do you purchase vehicles? Auction Dealers Individuals

9. Who drives or transports vehicles to your lot? Employees Contract Drivers Transporter

10. If you drive or transport newly acquired autos more than 300 road miles from point of purchase to your lot, how many trips per year? _____ and how far one-way for longest trip? _____ road miles.

11. How many vehicles do you sell per year? _____ How many of those are sold over eBay or similar internet site? _____
How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)

12. What is your normal radius of operation? _____ miles.

13. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building

14. Where are vehicle keys kept when the lot is closed? Key Cabinet Taken Home In/On the Vehicle

15. How many dealer plates do you have? _____

16. Do you repossess vehicles? Yes No
If "Yes," explain: _____

17. Do you repair "salvage titled" vehicles prior to sale? Yes No
If "Yes," what percentages of repairs are:
Structural _____ % Mechanical _____ % Cosmetic _____ %

18. Do you always ride along on test drives? Yes No

Service Questions

19. What percentage of your work is?

- | | | |
|---------------------------|----------------------------|----------------------|
| _____ % Alignment | _____ % Oil & Lube | _____ % Tune Up |
| _____ % Body _____ %Paint | _____ % Radiator | _____ % Transmission |
| _____ % Brakes | _____ % Sound/Alarm System | _____ % Upholstery |
| _____ % Engine Overhaul | _____ % Suspension/Frame | _____ % Wash/Detail |
| _____ % Muffler | _____ % Tires | _____ % Window Tint |

*Describe other work done:

20. Do you sell gasoline or LPG? Yes No
 If "Yes," how many gallons? Gasoline _____ LPG _____
21. Do you install trailer hitches? Yes No
22. If you paint, do you have a spray paint booth/room? Yes No
 If "Yes," is booth/room ventilated? Yes No
 If "Yes" is booth **UL** approved? Yes No
23. Do you sell or service Tires? Yes No
 If "Yes", complete Tire Sales & Service Questionnaire.
24. Do you tow for hire? Yes No
 If "Yes," complete Tow Truck Operator Questionnaire.
25. Do you pick-up and deliver customers vehicles? Yes No
 How many times per Month? _____ and how far from your shop? _____ miles.
26. How many Transporter Plates do you have? _____ How many times a week are they used? _____
27. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building
28. Where are vehicle keys kept when the shop is closed? Key Cabinet Taken Home In/On the Vehicle

COVERAGE REQUESTED

- Garage Liability Limit \$ _____ each accident, \$ _____ aggregate
 Add Broadened Coverages-Garage
 Additional Insured & Why

 Add Liability for these Related (non garage) Operations

- Garagekeepers Limit \$ _____ per location Basis Legal Liability or Primary
 SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 Value per Auto \$ _____ In-Transit Limit per auto \$ _____

- Dealers Physical Damage Limit \$ _____ per location
 SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 Value per Auto \$ _____ 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 \$ _____ Auto Premises Combined
 Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)
 Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)
 Fire Legal Liability \$50,000 or \$ _____
 Commercial Property (attach ACORD 140 **and** TRIA2002Notice)

Remarks: _____

*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.
 *Not applicable in all States

Signature of Applicant _____ Date ____/____/____

Agency Name _____

Agent's Signature _____ Date / /