



GARAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker #: _____ Retailer: _____
 Broker: _____ Location: _____
 Location: _____
 Phone #: _____

Applicant Name and Mailing Address _____

Proposed Policy Period _____ to _____

Location #1 _____

Location #2 _____

Individual Partnership Joint Venture Corporation Other _____

Insured's Website Address _____

Inspection and Audit Contact / Phone Number _____

Years in business _____ Years of experience in this field _____

NATURE OF BUSINESS					
DEALER: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Non-Franchised <input type="checkbox"/> Franchised with _____					
NON-DEALER: <input type="checkbox"/> Repair Shop <input type="checkbox"/> Gas Station <input type="checkbox"/> Parking Facility <input type="checkbox"/> Other _____					
UNDERWRITING INFORMATION					
DO YOU:	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	7. Repossess vehicles for others?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	8. Engage in fuel conversion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	9. Engage in auto pawning?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sponsor driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	10. Sell vehicles with salvaged titles?	<input type="checkbox"/>	<input type="checkbox"/>
5. Install, service or repair airbags?	<input type="checkbox"/>	<input type="checkbox"/>	11. Allow customers in the work area?	<input type="checkbox"/>	<input type="checkbox"/>
6. Structurally alter or convert vehicles from their original design?	<input type="checkbox"/>	<input type="checkbox"/>	12. Rent, lease or loan vehicles, machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN ALL "YES" RESPONSES: _____					

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	%	%
Antique/Classic Cars	%	%
Boats - Other Than Jet Skis	%	%
Jet Skis	%	%
Busses	%	%
Contractors Equipment	%	%
Farm Equipment	%	%
Emergency or Public Livery	%	%
Heavy Truck (over 20,000 GVW)	%	%
Kit Cars or Other Auto Manufacturing	%	%
Motorcycles, ATVs, Scooters, Snowmobiles	<i>**supplement required**</i>	%
Mobile Homes	%	%
Recreational Vehicles and Campers	<i>**supplement required**</i>	%
Semi Trailers	%	%
Trailers - Other than Semi Trailers	%	%
TOTAL		100%

DEALERS OPERATIONS		
Consigned Autos Held for Sale	%	When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Number of Dealer Tags: _____
Owned Autos Held for Sale	%	
Auto Auctions	%	
Wholesale Autos	%	
Other:	%	

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Impound Yards	%
Auto Maintenance or Repair Incl Bedliner	%	Mobile Auto Repair	%
Auto Painting with UL approved spray booth	%	Oil/Lube Service	%
Auto Painting without UL approved spray booth	%	Parking Lots & Garages	%
Auto Parts Sales <i>Receipts:</i>	%	Tire Dealers - New	%
Body Shop	%	Tire Dealers - Used, Retreads or Split Rims	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <i>Receipts:</i>	%	Valet Parking <i>**supplement required**</i>	%
Detailing	%	Van Conversion	%
Driveway Contractor or Wrecker Service	%	Window Tinting	%
Frame or Unibody Straightening	%	Windshield Installation/Repair	%
Gasoline Station - Full Service	%	Other:	%

Garage Liability	Limit of Liability	Deductible
	Auto _____ Each Accident	_____ BI
	Other Than Auto _____ Each Accident	_____ PD
	Other Than Auto _____ Aggregate Limit	
Personal Injury Protection or No-Fault Coverage	_____ Per Statute	
Medical Payments	Auto _____ Garage Operations _____	
Uninsured Motorists Coverage	_____ Each Accident	
Underinsured Motorists Coverage	_____ Each Accident	
Garagekeepers <input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes	Limit of Coverage	Deductible
	_____ Limit Per Location	_____ Other Than Collision
	_____ Limit Per Auto	_____ Collision
	In-Tow Coverage	
	_____ Limit Per Tow Truck	
	_____ # of Tow Trucks	
Dealers Open Lot <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes	Limit of Coverage	Deductible
	_____ Limit Per Location	_____ Other Than Collision
	_____ Limit Per Auto	_____ Collision
<input type="checkbox"/> Additional Insured	Name _____	
<input type="checkbox"/> Waiver of Subrogation	Address _____	
	Insurable Interest _____	
<input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$50,000 Fire Legal)		<input type="checkbox"/> Hired Auto
<input type="checkbox"/> Fire Legal Liability Limit _____		<input type="checkbox"/> Personal Injury Liability
PRIOR CARRIER AND LOSS HISTORY		
List prior carrier and loss history for the past 3 years. If no losses, please indicate.		
Current Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Date of loss	Amount paid/reserve	Description of loss including driver
If there is no prior insurance, check the box. <input type="checkbox"/>		

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing 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. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.