

GARAGE APPLICATION

REQUESTED POLICY PERIOD Effective Date: _____ to Expiration Date: _____

1. APPLICANT INFORMATION

Business Entity: Individual Partnership Corporation LLC Other: _____

Applicant's Name _____

DBA _____

Mailing Address _____

Garage Location 1 _____

Lot Protection Building Standard Open Lot Nonstandard Open Lot

Garage Location 2 _____

Lot Protection Building Standard Open Lot Nonstandard Open Lot

Garage Location 3 _____

Lot Protection Building Standard Open Lot Nonstandard Open Lot

Lot Protections:

Building: Parking storage lot is inside a secure building.

Standard Open Lot: Open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height or bounded on one or more sides by the walls of a building, with no unprotected openings, and with the exposed sides of lot enclosed by a metal cyclone or equivalent fence no less than six feet in height, with openings securely locked when unattended.

Inspection Contact _____ Ph _____ Email _____

Website Address _____

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

Describe all industry related work experience: _____

What are your days and hours of operations? _____

Describe your business operations: _____

Are you engaged in any other operations? Yes No

If yes, explain: _____

Do you have operations or have driving exposures in any state(s) other than where your garage operation is domiciled? Yes No

If yes, explain including which state(s): _____

2. PRIOR CARRIER / LOSS INFORMATION

a. During the past three (3) years, has any company ever cancelled, nonrenewed, declined or refused to issue any similar insurance to the applicant? Yes No

If yes, explain: _____

b. Prior carriers for the last three (3) years. If no prior insurance, state "NONE".

	Carrier Name	Policy Period	Premium
Year 1		to	\$
Year 2		to	\$
Year 3		to	\$

c. Prior losses for last three (3) years. If no prior losses, state "NONE".

Date of Loss	Description of Loss	Amount Paid	Amount Reserved
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

3. GENERAL UNDERWRITING INFORMATION

a. Do you loan, lease or rent vehicles to others? Yes No
If yes, explain: _____

b. Do you engage in any rideshare programs? Yes No

c. Do you own or sponsor a race car? Yes No

- d. Do you repossess:
- Autos that you have sold? Yes No
 - Autos for others? Yes No
- e. Any salvage and/or auto dismantling operations?
If yes, separate Salvage / Auto Dismantling Supplemental required. Yes No
- f. Any animals kept on the premises?
If yes, what breed(s) and purpose? _____ Yes No
- g. Provide maximum radius for pickup and delivery:
- Owned Autos: _____ miles
 - Non-Owned / Customer's Autos: _____ miles How many times per month: _____
- h. How many plates do you have: Dealer: _____ Transport / Transit: _____ Other: _____
- Where are plates stored when not in use? _____ Yes No
 - Do you loan or rent plates? Yes No
- i. Describe your key control procedures:
- During business hours: _____
 - After business hours: _____
- j. Are firearms kept on the premises? Yes No
- k. Do you utilize sub-contractors? Yes No
If yes: 1. Who and for what purpose? _____
2. Are certificates of insurance obtained from all? _____
- l. Do you attend or host trade shows, fairs, or any other special events? Yes No
If yes, explain: _____

m. Select all applicable operations that apply and show Sales % and/or Repair % of each:

TYPES OF AUTOS		Sales %	Repair %
<input type="checkbox"/>	All Terrain Vehicles (ATVs) / Utility Vehicles (UTVs) / Snowmobiles		
<input type="checkbox"/>	Boats, Jet Skis or Other Watercraft		
<input type="checkbox"/>	Buses Type: _____ Passenger Capacity: _____		
<input type="checkbox"/>	Emergency Vehicles <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance		
<input type="checkbox"/>	Farm Machinery / Farm Equipment		
<input type="checkbox"/>	Golf Carts		
<input type="checkbox"/>	Heavy Equipment / Contractors Equipment ¹		
<input type="checkbox"/>	Heavy Trucks / Truck Tractors (Other than Pickups, Mini Vans & SUVs) ²		
<input type="checkbox"/>	Motor Homes, Recreational Vehicles, Campers ³		
<input type="checkbox"/>	Motorcycles / Scooters ⁴		
<input type="checkbox"/>	Private Passenger (including Pickups, Mini Vans & SUVs)		
<input type="checkbox"/>	Trailers Semi-Trailers ___% Utility Trailers ___% Livestock ___%		
<input type="checkbox"/>	Other, describe: _____		
<input type="checkbox"/>	Other, describe: _____		
TOTAL %:			

¹ Heavy Equipment / Contractors Equipment Supplement required

² Heavy Truck & Trailer Supplement required

³ RV & Motorhomes Supplement required

⁴ Motorcycle Supplement required

4. DEALER INFORMATION Dealer operations do NOT exist, skip to Section 5

- a. Are you a licensed dealer? Yes No
Dealer ID # _____ Non-Franchised Franchised with: _____
Type: Retail ___% Wholesale ___% Broker ___% Auction ⁵ ___% ⁵ Auction Supplement required
- b. Estimated number of vehicles sold per year: _____
- c. Do you sell autos on consignment? Yes No
If yes: 1. If yes, copy of Consignment Agreement must be provided
2. If yes, On your lot At other dealership locations
- d. Do you engage in Internet Sales? Yes No
If yes: 1. Who is responsible for title transfer? _____
2. How are vehicles transported? _____
- e. Test Drives:
- Do you allow customers to test drive vehicles unaccompanied? Yes No
 - Do you obtain a copy of their Drivers License? Yes No
 - Do you obtain a copy of their proof of insurance? Yes No
 - Do you allow overnight test drives? Yes No

- f. Which of the following are used to transport or drive away vehicles from the place where they were purchased:
 Contract Drivers Employees Transport Carrier Other: _____
- g. Where do you purchase vehicles?
 Auction _____% Other Dealers _____% Private Party _____% Other: _____%
- h. When are titles transferred?
 At time of sale When auto is paid in full Other, describe: _____
- i. Do you require personal auto insurance to be in place prior to relinquishing a sold vehicle? Yes No
- j. If you finance autos for sale (Buy-here / Pay-here Operations), are you listed as a lienholder? Yes No

5. NON-DEALER INFORMATION Non-Dealer operations do NOT exist, skip to Section 6

a. Select all applicable operations that apply and show % operations of each:

SERVICE & REPAIR	Percentage %
<input type="checkbox"/> Airbags	
<input type="checkbox"/> Alarm / Stereo Installation	
<input type="checkbox"/> Auto Parts New: _____% Used: _____% Retail Sales of Parts Not Installed: \$ _____	
<input type="checkbox"/> Body	
<input type="checkbox"/> Brakes	
<input type="checkbox"/> Breathalyzers / Ignition Interlock Devices	
<input type="checkbox"/> Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Unattended / Self-Serve	
<input type="checkbox"/> Detail Shop	
<input type="checkbox"/> Drive-away Contactors	
<input type="checkbox"/> Engine	
<input type="checkbox"/> General Maintenance & Repair	
<input type="checkbox"/> Frame <input type="checkbox"/> Cutting <input type="checkbox"/> Straightening <input type="checkbox"/> Stretching <input type="checkbox"/> Welding	
<input type="checkbox"/> Hydraulic <input type="checkbox"/> Lifting apparatuses, describe: _____	
<input type="checkbox"/> Liquid Petroleum Gas (LPG)	
<input type="checkbox"/> Lube / Oil	
<input type="checkbox"/> Paint <input type="checkbox"/> U/L approved booth <input type="checkbox"/> Non-U/L approved booth ⁶	
<input type="checkbox"/> Parking Facility <input type="checkbox"/> Public <input type="checkbox"/> Valet ⁷	
<input type="checkbox"/> Performance Enhancements (beyond original manufacturer specs)	
<input type="checkbox"/> Service Station / Convenience Store <input type="checkbox"/> Gas Sales <input type="checkbox"/> Grocery Sales <input type="checkbox"/> Alcohol Sales	
<input type="checkbox"/> Storage / Impound Lot	
<input type="checkbox"/> Suspension <input type="checkbox"/> Lift Kits Height: _____	
<input type="checkbox"/> Tires <input type="checkbox"/> New: _____% <input type="checkbox"/> Used: _____% <input type="checkbox"/> Recaps, Re-Treads, Split Rim Work	
<input type="checkbox"/> Trailer Hitch Installation <input type="checkbox"/> Bolt-On <input type="checkbox"/> Weld-On	
<input type="checkbox"/> Upholstery	
<input type="checkbox"/> Windshield Installation / Tinting	
<input type="checkbox"/> Other, describe: _____	
TOTAL %:	

⁶ Non-UL Approved Paint Booth Supplement

⁷ Valet Parking Supplement

- b. Where are operations performed?
 Customer's Premises _____% Roadside _____% Your Premises _____% Other, describe: _____%
- c. Do you modify, rebuild or perform conversions on vehicles? Yes No
 If yes, explain: _____
- d. Do you weld? Yes No
 If yes: 1. If yes, what do you weld? _____
 2. If yes, what protective safeguards are in place to prevent fire? _____
- e. Are signs posted to keep customers from entering work areas? Yes No
- f. Do you manufacture or fabricate autos or auto parts? Yes No
 If yes, explain: _____
- g. Do you offer expedited service (example: 30 Minute or Less Quick Lube) Yes No

6. OWNERS, EMPLOYEES AND DRIVERS INFORMATION

- a. Do you utilize Contract (Unscheduled) Drivers? Yes No
 If yes: 1. If yes, Do you verify each has a valid US driver's license? Yes No
 2. How many times per month? _____

b. List all Owners, Employees, Drivers and Household Members 14 years of age & older
 (All Employees, whether they drive or not) (All Household Members, whether they are involved in garage operations or not)

First & Last Name	Driver's Lic # / State	DOB	Accidents & Violations (w/in past 5 yrs)	Status ⁸ (1 - 11)	Hours Worked	Furnished (Personal Use)	Personal Auto Policy	Excluded Driver
						<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
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						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

⁸ STATUS:
 1 Active Owner, Partner or Officer
 2 Inactive Owner, Partner or Officer
 3 Salesperson
 4 Manager
 5 Lot Person
 6 Mechanic
 7 Clerical
 8 Family Member used as a Contract Driver
 9 Spouse of Owner, Partner or Officers who is NOT active in garage operations
 10 Child of Owner, Partner or Officer who are 14 years of age & older (licensed or not)
 11 Other: _____

⁹ HOURS WORKED:
 F Full Time (Over 20 hours per week)
 P Part Time (20 hours or less per week)
 N Non-Employee

c. Have all individuals with access to use (drive) a covered auto been listed on this application? Yes No
 If no, explain: _____

7. COVERAGE REQUESTED

a. Provide limits and deductibles for all requested coverages:

COVERAGE	LIMITS			DEDUCTIBLES	
	Each Accident (Auto & Other Than Auto)	Aggregate (Other Than Auto Only)		\$	PD
Garage Liability	\$	<input type="checkbox"/> X 1	<input type="checkbox"/> X 2	<input type="checkbox"/> X 3	
Personal Injury Protection	\$				\$ Deductible
Uninsured Motorist	\$				
Underinsured Motorist	\$				
Medical Payments <input type="checkbox"/> Auto & Premises <input type="checkbox"/> Premises Only	\$				
Garagekeepers <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive	<input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary				
	Loc 1	\$	Per Location	\$	Per Auto
	Loc 2	\$	Per Location	\$	Per Auto
	Loc 3	\$	Per Location	\$	Per Auto
	Avg Value per Auto	Max Value per Auto	Avg # of Autos	Max # of Autos	Max Value of All Autos
Loc 1	\$	\$			\$
Loc 2	\$	\$			\$
Loc 3	\$	\$			\$

Dealers Physical Damage	Loc 1	\$	Per Location	\$	Per Auto	\$	Deductible	
<input type="checkbox"/> Specified Causes	Loc 2	\$	Per Location	\$	Per Auto			
<input type="checkbox"/> Comprehensive	Loc 3	\$	Per Location	\$	Per Auto			
	Avg Value per Auto		Max Value per Auto	Avg # of Autos	Max # of Autos	Max Value of All Autos		
Loc 1	\$		\$			\$		
Loc 2	\$		\$			\$		
Loc 3	\$		\$			\$		
Broadened Coverage	<input type="checkbox"/> Personal Injury		<input type="checkbox"/> Dmg to Rented Prem: \$50K		<input type="checkbox"/> Dmg to Rented Prem: \$			
Drive Other Car	<input type="checkbox"/> Yes							
Errors & Omissions	<input type="checkbox"/> Odometer <input type="checkbox"/> Title <input type="checkbox"/> Truth In Lending							
Employment Practices	\$					\$		Deductible
False Pretense	\$							
Property	<input type="checkbox"/> See attached Acord 140							

b. Service vehicles, including tow trucks, car haulers, and wreckers or specifically described autos:

Are filings required Yes No If yes, list MC# and/or Certificate #:

	Year	Make	Model	VIN / Serial #	MGVW	Use	Radius	In-Tow
1								\$
	<input type="checkbox"/> Liability <input type="checkbox"/> PIP <input type="checkbox"/> UM/UIM <input type="checkbox"/> Med Pay (Limits follow policy coverages) <input type="checkbox"/> Physical Damage - Limit: \$ Deductible: \$							
2								\$
	<input type="checkbox"/> Liability <input type="checkbox"/> PIP <input type="checkbox"/> UM/UIM <input type="checkbox"/> Med Pay (Limits follow policy coverages) <input type="checkbox"/> Physical Damage - Limit: \$ Deductible: \$							

c. Additional Interests (Additional Insureds, Loss Payees, Mortgage Holders, Certificate Holders, etc)

Name _____
 Address _____
 Insurable Interest _____

Name _____
 Address _____
 Insurable Interest _____

Name _____
 Address _____
 Insurable Interest _____

d. Comments

The Applicant, Agent and/or Broker represents that the above statements & facts are true & that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly makes a claim containing false information or intentionally misrepresents any material fact or knowingly presents false or misleading information in an application for insurance may be guilty of a crime and subject to criminal and civil penalties.

NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Dept of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature _____
 Printed Name _____
 Date Signed _____

Producer's Signature _____
 Printed Name _____
 Agency Name _____
 Date Signed _____

Producer:

Are you personally familiar with this applicant's operations?

Yes No

Did your office control this risk in the past year?

Yes No