



GARAGE RENEWAL QUESTIONNAIRE

THIS RENEWAL QUESTIONNAIRE IS TO BE USED FOR RISKS WHICH HAVE NO SIGNIFICANT CHANGES IN OPERATIONS. IF THERE IS ANY CHANGE IN LOCATION, IF YOU ARE ADDING A NEW LOCATION OR IF THERE ARE OTHER SIGNIFICANT CHANGES IN YOUR OPERATIONS, A NEW GARAGE APPLICATION MUST BE COMPLETED.

1. PROPOSED RENEWAL TERM Effective Date: _____ to Expiration Date: _____

2. APPLICANT INFORMATION

Business Entity: [] Individual [] Partnership [] Corporation [] LLC [] Other: _____

Applicant's Name _____

DBA _____

Mailing Address _____

Garage Location 1 _____

Garage Location 2 _____

Inspection Contact _____ Ph _____ Email _____

3. NATURE OF BUSINESS

A. Have there been any changes in the following? If yes, describe:

- Named Insured? [] Yes [] No
Mailing Address? [] Yes [] No
Your Operations? [] Yes [] No
Your Lot Protection? [] Yes [] No

B. Indicate any change in limits or coverage to be made at renewal:

Multiple blank lines for describing changes in limits or coverage.

4. OWNERS, EMPLOYEES AND DRIVERS INFORMATION

List all Owners, Employees, Drivers and Househouse Members of driving age:

Table with columns: NAME, STATE, DRIVER'S LIC NUMBER, DATE OF BIRTH, STATUS (1-12), HOURS WORKED*, AUTO USE, DATE OF HIRE. Includes rows for violations and accidents.

4. OWNERS, EMPLOYEES AND DRIVERS INFORMATION (Continued)

List all Owners, Employees, Drivers and Househouse Members of driving age:

NAME	STATE	DRIVER'S LIC NUMBER	DATE OF BIRTH	STATUS (1 - 12) *	HOURS WORKED* *	AUTO USE ***	DATE OF HIRE
VIOLATIONS & ACCIDENTS (Last 5 years)							
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STATUS:

- Class I - Employees / Regular Operators
 - 1 Active Owner, Partner or Officer
 - 2 Inactive Owner, Partner or Officer
 - 3 Salesperson
 - 4 Manager
- Class I - All Other
 - 5 Lot Person
 - 6 Mechanic
 - 7 Clerical
 - 8 Family Member (ie: Spouse) Used As Contract Driver
 - 9 Other: _____
- Class II - Non-Employees
 - 10 Spouse of Owner, Partner or Officer
 - 11 Children of Owners, Partner or Officer who are 14 years of age & older (licensed or not)

HOURS WORKED:

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

AUTO USE:

- A Furnished a covered auto for business & personal use
- B Covered auto used strictly for business & carries a separate personal auto policy
- C Covered auto used strictly for business & DOES NOT carry a separate personal auto policy
- D Does not drive a covered auto

The Applicant, Agent and/or Broker represents that the above statements and facts are true and 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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

Applicant's Signature _____
 Printed Name _____
 Date Signed _____

Producer's Signature _____
 Agency Name _____
 Date Signed _____