



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".

Table with 4 columns: Year, Carrier Name, Policy Period, Premium. Rows for Year 1, Year 2, Year 3.

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

Table with 4 columns: Date of Loss, Description of Loss, Amount Paid, Amount Reserved. Multiple rows for loss details.

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 <sup>1</sup>		
<input type="checkbox"/>	Heavy Trucks / Truck Tractors (Other than Pickups, Mini Vans & SUVs) <sup>2</sup>		
<input type="checkbox"/>	Motor Homes, Recreational Vehicles, Campers <sup>3</sup>		
<input type="checkbox"/>	Motorcycles / Scooters <sup>4</sup>		
<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: _____		
<b>TOTAL %:</b>			

<sup>1</sup> Heavy Equipment / Contractors Equipment Supplement required

<sup>2</sup> Heavy Truck & Trailer Supplement required

<sup>3</sup> RV & Motorhomes Supplement required

<sup>4</sup> 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 <sup>5</sup> \_\_\_% <sup>5</sup> 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 <sup>6</sup>	
<input type="checkbox"/> Parking Facility <input type="checkbox"/> Public <input type="checkbox"/> Valet <sup>7</sup>	
<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: _____	
<b>TOTAL %:</b>	

<sup>6</sup> Non-UL Approved Paint Booth Supplement

<sup>7</sup> 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 <sup>8</sup> (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
						<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	<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

<sup>8</sup> 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: \_\_\_\_\_

<sup>9</sup> 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	
<input type="checkbox"/> Specified Causes	Loc 2 \$	Per Location	\$	Per Auto	\$ Deductible
<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?  
 Did your office control this risk in the past year?

Yes  No  
 Yes  No