



GARAGE APPLICATION

1. REQUESTED POLICY PERIOD 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 \_\_\_\_\_
Years in Business \_\_\_\_\_ Yrs Exp in this Field \_\_\_\_\_ Website Address \_\_\_\_\_

3. NATURE OF BUSINESS

DEALER: Dealer ID # \_\_\_\_\_ [ ] Non-Franchised [ ] Franchised with: \_\_\_\_\_
[ ] Retail [ ] Wholesale [ ] Auction\* [ ] Consignment Sales\*\*, % of Ops \_\_\_\_\_ % [ ] Advertising via Internet
[ ] Sales via Internet, % of Ops \_\_\_\_\_ % [ ] Sold Sight Unseen Thru eBay [ ] Sold Sight Unseen Thru Other Websites
Estimated number of vehicles sold the prior year: \_\_\_\_\_

NON-DEALER: [ ] Repair / Service [ ] Towing / Wrecking Ops\* [ ] Other: \_\_\_\_\_
[ ] Salvage Operations\* (Auto Dismantling / Salvage Yard / Salvage Vehicles)

\* If yes to Auction, Towing/Wrecking Operations or Salvage Operations, a separate addendum must be completed
\*\* If yes to Consignment Sales, a copy of Consignment Agreement must be provided

4. PERCENTAGE OF OPERATIONS

Table with 3 columns: Operation Type, Sales %, Repair %. Rows include: All Terrain Vehicles (ATVs) / Utility Vehicles (UTVs) / Snowmobiles, Auto Parts, Boats, Jet Skis or Other Watercraft, Buses, Car Wash, Emergency Vehicles, Farm Machinery / Heavy Equipment, Motor Homes, Recreational Vehicles, Campers\*, Parking Facility, Motorcycles / Scooters\*\*\*, Private Passenger (including Pickups, Vans & SUVs), Storage / Impound Lot, Service Station, Tires, Trailers, Trucks / Truck Tractors\*\*\*\* (Other than Pickups, Vans & SUVs), Other (describe).

\* Complete RV & Motorhomes Supplement TOTAL %: \_\_\_\_\_
\*\* Complete Valet Supplement
\*\*\* Complete Motorcycle Supplement
\*\*\*\* Complete Heavy Truck & Trailer Supplement

**5. ADDITIONAL UNDERWRITING INFORMATION**

- A. Are you engaged in any other operations?  Yes  No  
If yes, explain: \_\_\_\_\_
- B. Do you loan, lease or rent vehicles to others?  Yes  No  
If yes, explain: \_\_\_\_\_
- C. Do you allow customers to test drive vehicles unaccompanied?  Yes  No  
If yes, do you obtain a copy of their Drivers License and Proof of Insurance?  Yes  No
- D. Do you own or sponsor a race car?  Yes  No
- E. Do you install or repair trailer hitches?  Yes  No  
If yes, are they:  Welded on  Bolted on
- F. Do you perform any hydraulic work?  Yes  No
- G. Do you modify, rebuild or perform conversions on vehicles?  Yes  No  
If yes, explain: \_\_\_\_\_
- H. Do you repossess:  
Autos that you have sold?  Yes  No  
Autos for others?  Yes  No
- I. Do you perform any work on airbags (including any deactivating) or breathalyzers?  Yes  No
- J. Do you do any spray painting?  Yes  No  
If yes, is there a U/L approved spray booth?  Yes  No
- K. Any animals kept on the premises?  Yes  No
- L. Provide maximum radius for pickup and delivery: \_\_\_\_\_ Miles
- M. How do you transport or drive away vehicles from the places where they are purchased?  
 Employees  Contract Drivers  Other: \_\_\_\_\_
- N. Do you finance sold autos?  Yes  No  
If yes, are you listed as a lienholder  Yes  No  
Do you hold the title for final payment  Yes  No  
If yes, when is title released to buyer? \_\_\_\_\_
- O. Do you transfer title into the buyers name at time of sale?  Yes  No  
If no, when are titles transferred? \_\_\_\_\_
- P. Do you require personal auto insurance be in place prior to relinquishing a sold auto?  Yes  No
- Q. Key control:  
Do you leave keys in the vehicles at any time?  Yes  No  
Are keys stored in a lockbox?  Yes  No  
Other: \_\_\_\_\_
- R. Are signs posted to keep customers from work areas?  Yes  No
- S. Are firearms kept on the premises?  Yes  No
- T. Describe your theft barriers? \_\_\_\_\_
- U. Is your lot well lit at night?  Yes  No
- V. Security  
Is you lot patrolled by a security guard?  Yes  No  
If yes, are they:  Armed  Unarmed  
Do you have any other security devices, ie: cameras, alarms?  Yes  No  
If yes, describe: \_\_\_\_\_
- W. Does your operations share a premises with another business and/or operation?  Yes  No  
If yes, describe: \_\_\_\_\_

**6. PRIOR CARRIER / LOSS INFORMATION**

A. During the past three (3) years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant?

Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

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

	CARRIER	POLICY PERIOD	PREMIUM
YR 1	_____	_____ to _____	_____
YR 2	_____	_____ to _____	_____
YR 3	_____	_____ to _____	_____

C. Prior loss information

DATE OF LOSS	DESCRIPTION OF LOSS	AMT PAID	AMT RESERVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**7. OWNERS, EMPLOYEES AND DRIVERS INFORMATION**

List all Owners, Employees, Drivers and Household 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)	_____	_____	_____	_____	_____	_____	_____
VIOLATIONS & ACCIDENTS (Last 5 years)	_____	_____	_____	_____	_____	_____	_____
VIOLATIONS & ACCIDENTS (Last 5 years)	_____	_____	_____	_____	_____	_____	_____
VIOLATIONS & ACCIDENTS (Last 5 years)	_____	_____	_____	_____	_____	_____	_____
VIOLATIONS & ACCIDENTS (Last 5 years)	_____	_____	_____	_____	_____	_____	_____
VIOLATIONS & ACCIDENTS (Last 5 years)	_____	_____	_____	_____	_____	_____	_____
VIOLATIONS & ACCIDENTS (Last 5 years)	_____	_____	_____	_____	_____	_____	_____
VIOLATIONS & ACCIDENTS (Last 5 years)	_____	_____	_____	_____	_____	_____	_____
VIOLATIONS & ACCIDENTS (Last 5 years)	_____	_____	_____	_____	_____	_____	_____

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 used as a Contract Driver
  - 9 Other: \_\_\_\_\_

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

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)
- 12 Other: \_\_\_\_\_

**8. COVERAGE REQUESTED**

Provide limits and deductibles for all requested coverages:

<b>COVERAGE</b>	<b>LIMITS</b>	<b>DEDUCTIBLES</b>			
Garage Liability	Limits	<u>Deductible</u>			
Auto	_____ Each Accident	_____			
Other Than Auto	_____ Each Accident	<input type="checkbox"/> PD			
Other Than Auto	_____ Aggregate	<input type="checkbox"/> BI & PD			
Personal Injury Protection	Limits	<u>Deductible</u>			
Limit per Statute	_____	_____			
Medical Payments	Limits				
<input type="checkbox"/> Auto & Premises	_____				
<input type="checkbox"/> Premises Only	_____				
Uninsured/Underinsured Motorist	Limits				
UM / UIM	_____				
Number of Dealer Plates / Transit Plates:	_____				
Garagekeepers (Garage Location 1)	<u>Per Auto</u>	<u>Per Location</u>	<u>Deductible</u>		
<input type="checkbox"/> Legal	Comprehensive	_____	_____		
<input type="checkbox"/> Direct Excess	Specified Causes of Loss	_____	_____		
<input type="checkbox"/> Direct Primary	Collision	_____	_____		
Garagekeepers (Garage Location 2)	<u>Per Auto</u>	<u>Per Location</u>	<u>Deductible</u>		
<input type="checkbox"/> Legal	Comprehensive	_____	_____		
<input type="checkbox"/> Direct Excess	Specified Causes of Loss	_____	_____		
<input type="checkbox"/> Direct Primary	Collision	_____	_____		
Physical Damage (Garage Location 1)	<u>Per Auto</u>	<u>Per Location</u>	<u>Deductible</u>		
<input type="checkbox"/> Dealer's Open Lot	Comprehensive	_____	_____		
<input type="checkbox"/> Building	Fire & Theft	_____	_____		
<input type="checkbox"/> Completely Fenced	Specified Causes of Loss	_____	_____		
<input type="checkbox"/> Not Fenced	Collision	_____	_____		
Number of Autos held for sale at any one time:	_____ Maximum	_____ Average			
Value of any one Auto held for sale:	_____ Maximum	_____ Average			
Any vehicles on consignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide copy of consignment agreement				
Physical Damage (Garage Location 2)	<u>Per Auto</u>	<u>Per Location</u>	<u>Deductible</u>		
<input type="checkbox"/> Dealer's Open Lot	Comprehensive	_____	_____		
<input type="checkbox"/> Building	Fire & Theft	_____	_____		
<input type="checkbox"/> Completely Fenced	Specified Causes of Loss	_____	_____		
<input type="checkbox"/> Not Fenced	Collision	_____	_____		
Number of Autos held for sale at any one time:	_____ Maximum	_____ Average			
Value of any one Auto held for sale:	_____ Maximum	_____ Average			
Any vehicles on consignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide copy of consignment agreement				
Service Vehicles, including tow trucks, car haulers and wreckers or specifically described autos:					
Are filings required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list MC # and/or Certificate #: _____				
<u>YEAR</u>	<u>MAKE</u>	<u>BODY TYPE</u>	<u>SERIAL #</u>	<u>MGVW</u>	<u>STATED VALUE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**COVERAGE (Continued)**

**LIMITS**

**DEDUCTIBLES**

In Tow Coverage

Limit per Tow Truck

Limits

Deductible

Optional Coverage

- Broadened Coverage
- False Pretense Coverage
- Odometer Statutes Errors & Omissions Coverage
- Property Coverage, attach Acord 140
- Title Errors & Omissions Coverage
- Truth In Lending Errors & Omissions Coverage
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

\_\_\_\_\_

Loss Payee

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Insurable Interest \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Insurable Interest \_\_\_\_\_

Additional Insured

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Insurable Interest \_\_\_\_\_

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 \_\_\_\_\_

Producer: Are you personally familiar with this applicant's operations?  Yes  No  
 Did your office control this risk in the past year?  Yes  No