



**APPLICATION FOR GARAGE POLICY**

Agent Name: \_\_\_\_\_ Retailer: \_\_\_\_\_  
 Agent # \_\_\_\_\_ Address: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_

Proposed effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. Business Entity:  
 Applicant Name: \_\_\_\_\_  Individual  Joint Venture  
 Mailing Address: \_\_\_\_\_  Partnership  Corporation  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  Other: \_\_\_\_\_  
 Web Site: \_\_\_\_\_ Inspection Contact: \_\_\_\_\_  
 Years in business: \_\_\_\_ Years Experience in this field: \_\_\_\_ Contact Phone #: \_\_\_\_\_

Location 1 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Location 2 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Location 3 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Description of Operations: \_\_\_\_\_

<b>INSURANCE HISTORY</b>		<input type="checkbox"/> No prior insurance.	<input type="checkbox"/> No prior losses.
Current Carrier	_____	Eff Date ____/____/____	Exp Date ____/____/____ Premium _____
Prior Carrier	_____	Eff Date ____/____/____	Exp Date ____/____/____ Premium _____
Prior Carrier	_____	Eff Date ____/____/____	Exp Date ____/____/____ Premium _____
Date of loss	____/____/____	Amount _____	Description of Loss _____ Driver _____
Date of loss	____/____/____	Amount _____	Description of Loss _____ Driver _____
Date of loss	____/____/____	Amount _____	Description of Loss _____ Driver _____

<b>TYPES OF AUTOS SOLD/ REPAIRED</b>	Sales	Repair		Sales	Repair
Auto – Private Passenger New	____%	____%	Golf Carts	____%	____%
Auto – Private Passenger Used	____%	____%	Heavy Truck (26,000+ GVW) *	____%	____%
Antique or Classic Autos	____%	____%	Kit Car	____%	____%
ATV, Snowmobile, Dirt Bike *	____%	____%	Mobile Home	____%	____%
Boat or Watercraft *	____%	____%	Motorcycle or Scooter *	____%	____%
Jet Ski *	____%	____%	Semi- Trailer *	____%	____%
Buses / Motor Coaches *	____%	____%	Sports or High Performance	____%	____%
Contractors Equipment *	____%	____%	RV & Camper (Motorhome) *	____%	____%
Emergency Vehicles or Public Livery *	____%	____%	Trailer (Utility or Travel Trailer)	____%	____%
Farm Tractors, Implements or Equipment *	____%	____%	Other: _____	____%	____%

\* SPECIALTY VEHICLE SUPPLEMENTAL REQUIRED

<b>DOES RISK</b>	Yes	No		Yes	No
Sell, install or calibrate breathalyzer /ignition interlock systems?	<input type="checkbox"/>	<input type="checkbox"/>	Park autos on public streets?	<input type="checkbox"/>	<input type="checkbox"/>
Structurally alter or convert vehicles from factory design?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in auto or title pawning?	<input type="checkbox"/>	<input type="checkbox"/>
Install lift kits? If yes, how high? _____ inches	<input type="checkbox"/>	<input type="checkbox"/>	Engage in towing for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Own, repair, service or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in repossession?	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor sports, racing, rides, rallies, shows, clubs, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in fuel conversion?	<input type="checkbox"/>	<input type="checkbox"/>
Sell autos with a salvage title? If yes, _____% of operation	<input type="checkbox"/>	<input type="checkbox"/>	Rebuild or repair salvage titled autos?	<input type="checkbox"/>	<input type="checkbox"/>
Sell used parts? Receipts: \$_____	<input type="checkbox"/>	<input type="checkbox"/>	(_____% - provide details below)		
Dismantle autos or have salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in other operations?	<input type="checkbox"/>	<input type="checkbox"/>
If Salvage Yard: Are autos stacked more than 3 high?	<input type="checkbox"/>	<input type="checkbox"/>	Have animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a car crusher on site?	<input type="checkbox"/>	<input type="checkbox"/>	Have weapons on person/ premises?	<input type="checkbox"/>	<input type="checkbox"/>
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>	Are keys secured in a lock box?	<input type="checkbox"/>	<input type="checkbox"/>
Explain all yes answers: _____					
Loan, lease or rent autos to others? If yes: <input type="checkbox"/> Loan/ Rent to customer while their auto is being repaired <input type="checkbox"/> Rent/ Lease to the public					
Sell gasoline, diesel fuel, LPG, LNG, Kerosene, fuel oil (circle)? If yes, provide type & receipts: _____.					
Pick up and/or deliver customers' vehicles? If yes, how far do you go? _____ How many times a week? _____					
How do you transport autos: <input type="checkbox"/> Owned Tow Truck or Car Hauler <input type="checkbox"/> Owned Tow Bar or Dolly					
<input type="checkbox"/> Driven by Employees <input type="checkbox"/> Contracted Tow Truck or Car Hauler <input type="checkbox"/> Temporary or Contract Driver					

<b>DEALER OPERATIONS</b>					
Sales mix: Retail _____% Wholesale _____% Consigned _____% Internet _____% Auction (risk is an auction) _____%.					
Buy here/ pay here sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the title transferred at the beginning of the finance period? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do salespeople accompany customers on all test drives? <input type="checkbox"/> Yes <input type="checkbox"/> No Allow extended or overnight test drives? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Radius of pickup and delivery: <input type="checkbox"/> None <input type="checkbox"/> 1-300 miles <input type="checkbox"/> 301-500 miles <input type="checkbox"/> 501-1,000 miles <input type="checkbox"/> Unlimited					

<b>NON-DEALER OPERATIONS</b>					
Alarm, Stereo or Navigational Systems	_____%	Hitch Sales or Installation. Bolt/ Weld (circle)	_____%		
Alignment	_____%	Impound Yard	_____%		
Auto Dismantling (see used parts)	_____%	Lift Kits / Lowering Kits	_____%		
Auto Body Shop/Painting	_____%	Oil /Lube	_____%		
Auto Parts (uninstalled) Receipts _____	_____%	Parking Lot & Parking Garage (self-park)	_____%		
Brakes	_____%	Performance Enhancement	_____%		
Butane, Propane, LPG, LNG, Nitrous (circle)	_____%	Tire Sales – New	_____%		
Car Wash – Full Service	_____%	Tire Sales & Repair – Used	_____%		
Convenience Store Receipts _____	_____%	Trailer Hitch Install or Repair	_____%		
Detailing	_____%	Valet Parking (Valet supplemental required)	_____%		
Driveway Contractor, Wrecker or Towing (circle)	_____%	Van Conversion	_____%		
Frame or Unibody Straightening	_____%	Window Tinting	_____%		
Gasoline Station – Full or Self Service (circle)	_____%	Windshield Install or Repair	_____%		
General Engine Repair	_____%	Other: _____	_____%		
Are all spray painting operations completed in an UL approved booth? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are all paints and solvents stored in a fire resistive cabinet outside the paint booth? <input type="checkbox"/> Yes <input type="checkbox"/> No					



**AUTO STORAGE AND VALUES**

Owned Autos: \_\_\_\_\_

Non-Owned Autos: \_\_\_\_\_

How are Autos Stored?

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- Building                       Standard Lot\*  
 Non-Standard Lot \*\*     Unprotected Lot \*\*

- Building                       Standard Lot\*  
 Non-Standard Lot\*\*     Unprotected Lot\*\*

Value Per Auto:    Average \_\_\_\_\_ Max \_\_\_\_\_

Value Per Auto:    Average \_\_\_\_\_ Max \_\_\_\_\_

Number of Autos:    Average \_\_\_\_\_ Max \_\_\_\_\_

Number of Autos:    Average \_\_\_\_\_ Max \_\_\_\_\_

\* Standard Lot: When closed for business all entrances, exits, openings and the entire premises is protected by fences with locked gates, or post and heavy chains with locks.

\*\* Non-Standard Lot: Any other type of protection.

\*\* Unprotected Lot: No theft barrier present.

**EMPLOYEE AND NON-EMPLOYEE INFORMATION    LIST ALL OWNERS, EMPLOYEES, DRIVERS & HOUSEHOLD MEMBERS**

Name	Drivers License Number & State	Date of Birth	Within the past 3 yrs.		Status	Hours Worked	Auto Usage
			Violations	Accidents			
1		/ /			Regular operator, Other employee, Non-Employee, Contract driver	Full Time / Part Time	Furnished, Business, None
2		/ /					
3		/ /					
4		/ /					
5		/ /					
6		/ /					
7		/ /					
8		/ /					
9		/ /					
10		/ /					

Have all owners, employees, drivers & household members been disclosed above?     Yes     No

Gross Sales- Per \$ 1,000/Sales: \_\_\_\_\_    Payroll – Per \$ 1,000/Pay: \_\_\_\_\_

**STATUS:**

- A) Regular Operator: Owners, partners, officers, salespersons, managers & employee with regular operation
- B) Other employees: Clerical staff, lot personnel, mechanics & those who do not regularly operate an auto.
- C) Non-employees: Inactive owners, partners, officers and their spouses.
- D) Contract driver: Scheduled individual (provide name) or Blanket.

**USAGE:**

- F) Furnished
- B) Business Use
- N) None

**SCHEDULED AUTOS**

Use: P = Personal    S = Service (used to service the risk itself)    C = Commercial (tow truck for hire)

Year	Make	Model	VIN	Value	Loss Payee	
1						
2						
3						
GVW	Use	Radius	Filings Required	Check Coverages Desired		
1			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP
2			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP
3			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP



<b>COVERAGE &amp; LIMITS</b>		
Garage Liability	Limit of Liability Auto _____ Other Than Auto _____ Other Than Auto _____ Aggregate Limit	Deductible Each Accident _____ Bi & PD Each Accident _____ Aggregate Limit
Garagekeepers <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary  <input type="checkbox"/> Comprehensive & Collision <input type="checkbox"/> Specified Causes & Collision	Limit of Coverage Location 1 _____ Location 2 _____ Location 3 _____  In- Tow Coverage: Limit Per Tow Truck: _____	Maximum Value Per Single Auto _____ Deductible Per Auto _____ Deductible Per Occurrence _____  <input type="checkbox"/> For Hire <input type="checkbox"/> Not-For-Hire Number of Tow Trucks _____
Dealers Open Lot <input type="checkbox"/> Comprehensive & Collision <input type="checkbox"/> Specified Causes & Collision  <input type="checkbox"/> False Pretense	Limit of Coverage Location 1 _____ Location 2 _____ Location 3 _____  <input type="checkbox"/> Your interest in covered autos you own <input type="checkbox"/> Your interest and the interest of any creditor as Loss Payee	Maximum Value Per Single Auto _____ Deductible Per Auto _____ Deductible Per Occurrence _____  <input type="checkbox"/> Consigned Autos
Medical Payments	Auto Medical _____	Garage Operations /Premises Medical _____
Uninsured Motorists	Each Accident _____	Number of Dealer Tags: _____
Underinsured Motorists	Each Accident _____	Uninsured Motorists Property Damage _____
Personal Injury Protection	Per Statute _____	
Radius of Pickup & Delivery	<input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1,000 Miles <input type="checkbox"/> 1,000+ Miles	
<input type="checkbox"/> Broadened Coverage (includes Personal Injury and \$ 50,000 in Fire Legal Liability) <input type="checkbox"/> Fire Legal Liability Limit _____ <input type="checkbox"/> Personal Injury Liability	<input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Drive Other Car	
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation (landlord only)	Name _____ Address: _____ Insurable Interest/ Relationship to risk: _____	
Additional Information (Include any Related GL Operations you wish to package with the Garage Policy) :		
<p>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 may be subject to civil and criminal penalties.</p> <p>I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.</p>		
_____ Signature of Agent	_____/_____ Date	_____ Signature of Applicant

