



### GARAGE APPLICATION

#### APPLICANT INFORMATION

Policy Period Requested: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Trade Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ \_\_\_\_

Years in this Business? \_\_\_\_ Years in the automotive industry? \_\_\_\_ Specialized Training or Certification?  Yes  No

What is your Website address? http://www. \_\_\_\_\_

Business Entity:  Individual  Partnership  Corporation  LLC

#### UNDERWRITING INFORMATION

1. Describe Your Operations

**Dealer**  Auction  Bus Dealer  Car Dealer  Coml. Trailer Dir.  Motorcycle Dealer  
 RV Dealer  Truck Dealer  Wholesaler  Describe Other \_\_\_\_\_

**Service**  Car Service & Repair  Misc. Svs & Repair  Repossessors  Salvage Yard  
 Tire Sales/Service  Tow Truck Operator  Truck Svs & Repair  Valet & Parking  
 Describe Other \_\_\_\_\_

2. What percentage by type of vehicle do you sell or service? (\*complete additional Questionnaire)  
a. Cars, sport utility, pickups, vans \_\_\_\_\_% d. Motorcycle & Off-road RV \_\_\_\_\_%  
b. \*Commercial trucks & trailers \_\_\_\_\_% e. \*Construction & Farming Equipment \_\_\_\_\_%  
c. \*RV (Motorhome, Camping Trailer) \_\_\_\_\_% f. \*Salvage (used) parts \_\_\_\_\_%

3. What else do you do? \_\_\_\_\_

4. Locations where you conduct Garage Operations (include Zip Code)  
1] \_\_\_\_\_  
2] \_\_\_\_\_  
3] \_\_\_\_\_  
4] \_\_\_\_\_

5. What other businesses use your location(s)? \_\_\_\_\_

6. List all owners, owner's spouses and all employees. Also list other family members who drive your vehicles. (Use another page if necessary):

Name	Date of Birth	Driver License Number	State of License	Commercial Drivers License?	Auto furnished or available for regular Use?	Job Description & Status (F=fulltime; P=part-time) or Relationship
				<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	

7. Prior Carrier and Loss History for 3 Years  No Known Losses  See Loss Runs

Current Carrier

\_\_\_\_\_ Policy Year \_\_\_\_\_ Premium \_\_\_\_\_

Prior Carrier

\_\_\_\_\_ Policy Year \_\_\_\_\_ Premium \_\_\_\_\_

Prior Carrier

\_\_\_\_\_ Policy Year \_\_\_\_\_ Premium \_\_\_\_\_

Date of Loss	Amount	Description of Loss

**Sales Questions**

8. Where do you purchase vehicles?  Auction  Dealers  Individuals

9. Who drives or transports vehicles to your lot?  Employees  Contract Drivers  Transporter

10. If you drive or transport newly acquired autos more than 300 road miles from point of purchase to your lot, how many trips per year? \_\_\_\_\_ and how far one-way for longest trip? \_\_\_\_\_ road miles.

11. How many vehicles do you sell per year? \_\_\_\_\_ How many of those are sold over eBay or similar internet site? \_\_\_\_\_

How many vehicles do you sell per year on consignment? \_\_\_\_\_ (Attach Consignment Agreement)

12. What is your normal radius of operation? \_\_\_\_\_ miles.

13. Describe your theft barriers:  None  Natural  Fence & Gate  Post & Cable  In Building

14. Where are vehicle keys kept when the lot is closed?  Key Cabinet  Taken Home  In/On the Vehicle

15. How many dealer plates do you have? \_\_\_\_\_

16. Do you repossess vehicles?  Yes  No  
If "Yes," explain: \_\_\_\_\_

17. Do you repair "salvage titled" vehicles prior to sale?  Yes  No  
If "Yes," what percentages of repairs are:  
Structural \_\_\_\_\_% Mechanical \_\_\_\_\_% Cosmetic \_\_\_\_\_%

18. Do you always ride along on test drives?  Yes  No

**Service Questions**

19. What percentage of your work is?

_____ % Alignment	_____ % Oil & Lube	_____ % Tune Up
_____ % Body _____ %Paint	_____ % Radiator	_____ % Transmission
_____ % Brakes	_____ % Sound/Alarm System	_____ % Upholstery
_____ % Engine Overhaul	_____ % Suspension/Frame	_____ % Wash/Detail
_____ % Muffler	_____ % Tires	_____ % Window Tint

\*Describe other work done:

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20. Do you sell gasoline or LPG?  Yes  No  
 If "Yes," how many gallons? Gasoline \_\_\_\_\_ LPG \_\_\_\_\_

21. Do you install trailer hitches?  Yes  No

22. If you paint, do you have a spray paint booth/room?  Yes  No  
 If "Yes," is booth/room ventilated?  Yes  No  
 If "Yes" is booth **UL** approved?  Yes  No

23. Do you recap tires or sell recapped tires?  Yes  No

24. Do you tow for hire?  Yes  No  
 If "Yes," complete Tow Truck Operator Questionnaire.

25. Do you pick-up and deliver customers vehicles?  Yes  No  
 How many times per Month? \_\_\_\_\_ and how far from your shop? \_\_\_\_\_ miles.

26. How many Transporter Plates do you have? \_\_\_\_\_ How many times a week are they used? \_\_\_\_\_

27. Describe your theft barriers:  None  Natural  Fence & Gate  Post & Cable  In Building

25. 28. Where are vehicle keys kept when the shop is closed?  Key Cabinet  Taken Home  In/On the Vehicle

**COVERAGE REQUESTED**

- Garage Liability Limit \$ \_\_\_\_\_ each accident, \$ \_\_\_\_\_ aggregate  
 Add Broadened Coverages-Garage  
 Additional Insured & Why

Add Liability for these Related (non garage) Operations

- Garagekeepers Limit \$ \_\_\_\_\_ per location Basis  Legal Liability or  Primary  
 SCL or  Comp \$ \_\_\_\_\_ deductible  Collision \$ \_\_\_\_\_ deductible  
 Value per Auto \$ \_\_\_\_\_  In-Transit Limit per auto \$ \_\_\_\_\_

- Dealers Physical Damage Limit \$ \_\_\_\_\_ per location  
 SCL or  Comp \$ \_\_\_\_\_ deductible  Collision \$ \_\_\_\_\_ deductible  
 Value per Auto \$ \_\_\_\_\_  Drive-Away Road Miles \_\_\_\_\_

Type of vehicles:  New  Used

Interests Covered:  Owner  Owner and Creditor  Consignment

Loss Payee

Specifically Described Autos (use ACORD 127 for additional vehicles):

Auto No.	Year	Make	V.I.N.	Stated Amount

Auto No.	GVW	Use	Radius	Loss Payee

- Medical Payments Limit \$ \_\_\_\_\_  Auto  Premises  Combined  
 Uninsured Motorist \$ \_\_\_\_\_ (Signed State form selecting or rejecting coverage is required)  
 Personal Injury Protection \$ \_\_\_\_\_ (Signed State form selecting or rejecting coverage is required)  
 Fire Legal Liability \$50,000 or \$ \_\_\_\_\_  
 Commercial Property (attach ACORD 140 **and** TRIA2002Notice)

Remarks:

\*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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.  
 \*Not applicable in all States

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency Name \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Date / /