



GARAGE APPLICATION

Dependent upon state authority, you are applying for insurance coverage provided by and underwritten by one of the following insurance companies of ARGO GROUP US:

**ARGONAUT-MIDWEST INSURANCE COMPANY
ARGONAUT INSURANCE COMPANY**

**COLONY SPECIALTY INSURANCE COMPANY
COLONY INSURANCE COMPANY**

APPLICANT INFORMATION

Policy Period Requested: From _____ To _____

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone _____

Years this business entity has been **in operation**? _____

If less than 3 years, explain in detail prior experience and any Specialized Training or Certification: _____

Business Entity: Individual Partnership Corporation LLC

What is your **Website address**? <http://www>. _____

GENERAL UNDERWRITING INFORMATION

1. Describe Your Operations

Dealer (Gross Receipts \$ _____)

- | | | |
|--|---|---|
| <input type="checkbox"/> Antique/Classic Auto Dealer | <input type="checkbox"/> Car Dealer with Salvage | <input type="checkbox"/> Non-Franchised Motorcycle Dealer |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Commercial Trailer Dealer | <input type="checkbox"/> RV Dealer |
| <input type="checkbox"/> Boat Dealer | <input type="checkbox"/> Equipment Dealer | <input type="checkbox"/> Truck Dealer |
| <input type="checkbox"/> Car Dealer | <input type="checkbox"/> Franchised Motorcycle Dealer | <input type="checkbox"/> Wholesaler |

Service (Gross Receipts \$ _____)

- | | | |
|--|--|--|
| <input type="checkbox"/> Antique/Classic Auto Service/Repair | <input type="checkbox"/> Motorcycle Service/Repair | <input type="checkbox"/> Storage Facilities/Lots |
| <input type="checkbox"/> Boat Service/Repair | <input type="checkbox"/> Repossessors | <input type="checkbox"/> Tow Truck Operators |
| <input type="checkbox"/> Car Service/Repair | <input type="checkbox"/> RV Service/Repair | <input type="checkbox"/> Truck Service/Repair |
| <input type="checkbox"/> Equipment Service/Repair | <input type="checkbox"/> Salvage Yards | <input type="checkbox"/> Valet |
| <input type="checkbox"/> Other _____ | | |

2. Describe total operations by percentage including type of vehicles you sell or service. **(*complete additional Questionnaire)**

- | | |
|--|--|
| a. Cars, sport utility, pickups, vans _____% | f. RV (Motorhome, Camping Trailer)* _____% |
| b. Commercial trucks & trailers* _____% | g. Salvage (used) parts* _____% |
| c. Construction & Farming Equipment* _____% | h. Tow Truck Operators* _____% |
| d. Emergency Vehicles & Equipment* _____% | i. Valet* _____% |
| e. Motorcycle & Off-road RV* _____% | j. Watercraft (including Jet Skis)* _____% |

3. Locations where you conduct Garage Operations (include Zip Code)

- 1] _____
- 2] _____
- 3] _____
- 4] _____

4. Do you have an ownership interest in or operate any other business? Yes No
 a) If yes, provide business name and physical address: _____
 b) Describe the operation of the business: _____
 c) What is the relationship between the business indicated in question a) and the business we are being asked to insure?

5. Do you rent any space at this location to another business? Yes No
 a) If "Yes", what is the nature of that business? _____
 b) Do renters carry their own insurance? Yes No
6. Are firearms kept on the premises? Yes No
7. Do you have any dogs on the premises?
 If yes, are they kept in a pen and away from customers during business hours? Yes No
8. Are autos loaned, leased or rented to customers? Yes No
 a) Is there a contract agreement? Yes No
 b) Do you get a copy of the driver's license? Yes No
 c) Do you verify that the customer has auto insurance? Yes No
 d) What is the minimum age? _____
9. Do you pick-up and deliver customers' vehicles? Yes No
 If Yes, how many times per week? _____ How far from your shop? _____ miles.
10. How many Transporter Plates (**Non-Dealer**) do you have? _____
11. What is your lot security: None Fence & Gate Post & Cable In Building
 Other - Describe _____
12. Where are vehicle keys kept when the lot or shop is closed? Key Cabinet Taken Home In/On the Vehicle
13. **DEALERS & SERVICE RATING EXPOSURE BASIS:** Must list ALL Owners, Employees and Drivers (**Cannot be blank or "n/a"**):

Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Furnished Auto? Y/N	Violations & Accidents Past 3 Years	Full or Part Time	Job Title/Duties

Attach Garage Application Additional Employee Supplement (G1603B) if additional space is needed.

14. **DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS:** List ALL Family members and non-family members (except customers) and indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished or if they have the opportunity to drive a scheduled auto?

Name	Date of Birth	Driver License Number	State of License	Will drive for or Work in business?	Furnished Auto? Y/N	Violations & Accidents Past 3 Years	Relationship

15. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS:
 Have all members of your household been disclosed on this application? Yes No
 If no, please explain: _____
16. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS: Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? Yes No
17. In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or the policy renewal refused?
 Yes No
 If "Yes," explain: _____
18. Loss History for 3 Years (**must be completed unless New Venture**):
 No Known Losses Losses Reported in Last 36 months (Attached loss runs or complete details below)

Policy Period	Insurance Carrier	Total Amount of Losses	Driver Name	Description of Loss

Sales Questions

19. Who drives or transports vehicles to your lot? Insured/Employees Contract Drivers Transporter
20. Do you drive newly acquired autos over 300 road miles from point of purchase to your lot? Yes No
 (50 miles for KS, KY, NH, MD, ME or WV)
 If Yes, how many trips per year? _____ How far one-way for longest trip? _____ (road miles)
21. How many vehicles do you sell per year? _____
 a) What percentage is sold "sight unseen" over the internet? _____ (Vehicle sale is not completed on the lot)
 If over 15% of total vehicles sold, provide website address: <http://www>. _____
 b) How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)
22. How many dealer plates do you have for: Autos _____ Boats _____ Motorcycles _____ Trailers _____
23. Do you repossess vehicles? Yes No If Yes, explain: _____
24. If you repair salvage titled vehicles prior to sale, are repairs: Structural _____% Mechanical _____% Cosmetic _____%
25. Do you always ride along on test drives? Yes No

Service Questions

26. What percentage of your work is?
 _____% Alignment _____% Lift Kit (See # 30) _____% Sound/Alarm System
 _____% Batteries _____% Muffler _____% Suspension/Frame
 _____% Body (not fiberglass) _____% Oil & Lube _____% Tires (See # 34)
 _____% Brakes _____% Paint (See # 32) _____% Trailer Hitches
 _____% Engine Overhaul _____% Radiator _____% Transmission
 _____% Fiberglass _____% Roadside Assistance _____% Tune Up
 _____% Frame Straightening _____% Wash/Detail
 (device is Laser Digital Optical Mechanical)
 _____% Custom/Fabrication - **Must Describe** _____
 _____% Other - **Must Describe** _____
 _____% Performance Enhancement - **Must Describe** _____
27. Are signs posted to keep customers out of the work area? Yes No
28. Do you sell gasoline? Yes No
 If Yes, a] Is it Self-Service or Full Service?
 b] How many gallons do you sell annually? _____

29. Do you sell Liquefied Petroleum Gas (LPG)? Yes No
 If **Yes**, a) Is the storage tank protected by collision barriers? Yes No
 b) Are "No Smoking" signs posted? Yes No
 c) Do only qualified operators fill customer's tanks? Yes No
 d) How many feet separate storage tank from adjacent buildings & vehicles? _____
30. If you install Lift Kits: Do you lift over 6"? Yes No
 What percentage is: Body Lifts? _____% Suspension Lifts? _____%
 What is your training and experience? _____
31. If you paint, do you have a spray paint booth/separate room? Yes No
 If "Yes," is booth/room well ventilated? Yes No
32. Do you sell or install Mobility Equipment? Yes No
 a. Do you sell power chairs and other durable medical equipment? Yes No
 If **Yes**, is this exposure covered elsewhere? Yes No
 b. Do you install wheel chair ramps in private residences or businesses? Yes No
 If **Yes**, _____% Is this exposure covered elsewhere? Yes No
33. Racing: Do you have an owned vehicle racing or exhibition exposure? Yes No
 Do you service any vehicles involved in racing or exhibition events? Yes No If yes, _____%
34. If you sell or service Tires (other than Motorcycle or Roadside Assistance) complete the following section:
 a. What percentage of your work is: Service only, no sales _____% Describe _____
 b. What percentage of your work is: Specialty Tires _____% Off Road _____% Racing _____% Const/ Farm Equip _____%
 Provide details: _____
 c. Do you perform quality control to verify proper installation, tightened lugnuts and matched tire sizes? Yes No
 d. What percentage of Tires sold are: New Tires _____% Used Tires _____% (quantity, not gross receipts)
 e. Do you sell new tires manufactured more than 3 years ago? Yes No
 f. For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? Yes No
 g. Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? Yes No
 h. If you sell used tires, what method do you use to mark them? _____

COVERAGE REQUESTED (MUST BE COMPLETED IN ITS ENTIRETY)

- Garage Liability Limit \$ _____ each accident, \$ _____ aggregate
 Liability Deductible N/A 500 1,000 2,500
- Medical Payments Limit \$ _____ Premises Only Combined
- Garagekeepers Limit Location 1 - \$ _____ Location 2 - \$ _____
 Location 3 - \$ _____ Location 4 - \$ _____
 Legal Liability or Primary: SCOL or Comp Collision Deductible 500 1,000 2,500
 Maximum Limit per Vehicle \$ _____ In-Transit Limit per auto \$ _____
 Wind/Hail/Flood Deductible _____ per vehicle _____ maximum deductible per occurrence
 Earthquake per vehicle deductible 1,000 2,500 5,000 10,000
- Dealers Physical Damage Limit Location 1 - \$ _____ Location 2 - \$ _____
 Location 3 - \$ _____ Location 4 - \$ _____
 SCOL or Comp Deductible 500 1,000 2,500 5,000
 Collision Deductible 500 1,000 2,500 5,000
 Maximum Limit per Vehicle \$ _____ Drive-Away Road Miles _____
 Wind/Hail/Flood Deductible _____ per vehicle _____ maximum deductible per occurrence
 Earthquake per vehicle deductible 1,000 2,500 5,000 10,000
 Type of vehicles: New Used Interests Covered: Owner Owner and Creditor Consignment
 Loss Payee _____
- Related Ops (Show gross receipts unless otherwise specified)
 Automobile Parts & Supplies Stores \$ _____
 Beds & Showers at Truck Stop \$ _____
 Building or Premises - Lessors Risk - Area square feet _____
 Car Washes - Self Service \$ _____
 Concessionaires - NOC \$ _____
 Gasoline Stations - Self Service - Gallons _____
 Grocery Stores - NOC \$ _____
 Machine Shops - NOC \$ _____
 Mobility/Adaptability Ramp/Accessory \$ _____
 Restaurants (Truck Stop) \$ _____
 Stores - NOC \$ _____
 Vacant Land - Acre _____
 Welding _____

- Optional Coverage
 - Additional Insured & Relationship _____
 - Broadened Coverage -Garage
 - Errors and Omissions for Auto Dealers
 - False Pretense
 - Fire Legal Liability \$50,000 or \$ _____
 - Identity Theft Recovery Coverage
 - Waiver of Subrogation

AVAILABLE FOR DEALERS AND/OR SCHEDULED AUTOS ONLY:

- Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)
- Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)
- Commercial Property Coverage Part (attach Garage Property Questionnaire/Accord 140 **and** TRIA 2002 Notice)
(available on non-admitted policies only)

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

Are the scheduled units registered and titled in the business name? Yes No

Auto No.	Year	Make/Model	V.I.N.	Radius	GVW	Use of Vehicle
1						
2						
3						
4						
5						

Auto No.	Stated Amount	Comp or Scol?	COMP/SCOL Deductible	Collision	Collision Deductible	Loss Payee
1		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
2		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
3		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
4		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
5		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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.

Arkansas, Louisiana, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

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 subjects such person to criminal and civil penalties.

Maine, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SIGNATURES

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Printed Name _____

Applicant's Signature _____

Date _____

Witness (if applicable) _____

Date _____

Agent/Broker:

Are you personally familiar with this Applicant's operations?

Yes No

Did your office control this risk in the past year?

Yes No

Agent's or Broker's Name (please print) _____

Telephone Number _____

Agent's or Broker's Signature _____

Agent's or Brokers Address _____

Date _____

License Number: _____