



**APPLICATION FOR GARAGE POLICY**

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

Proposed effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Applicant Name: \_\_\_\_\_ Business Entity:  
 Mailing Address: \_\_\_\_\_  Individual  Joint Venture  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Partnership  Corporation  
 Web Site: \_\_\_\_\_  Other: \_\_\_\_\_  
 Years in business: \_\_\_\_\_ Years Experience in this field: \_\_\_\_\_ Inspection/Audit Contact Person: \_\_\_\_\_

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

\* SPECIALTY VEHICLE SUPPLEMENTAL REQUIRED

<b><u>DOES RISK</u></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"/>
Own, repair, service or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in towing for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Rebuild autos or sell autos with salvage title?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in repossession for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Dismantle autos or have salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in fuel conversion?	<input type="checkbox"/>	<input type="checkbox"/>
Sell used parts? Receipts: _____	<input type="checkbox"/>	<input type="checkbox"/>	Engage in other operations?	<input type="checkbox"/>	<input type="checkbox"/>
Stack salvage autos 3+ high or use a car crusher on site?	<input type="checkbox"/>	<input type="checkbox"/>	Have animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor sports, racing, rides, rallies, shows, clubs, etc.?	<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: _____.					
Radius of pickup and 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"/> Unlimited					
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><u>DEALER OPERATIONS</u></b>					
Sales mix: Retail _____% Wholesale _____% Consigned _____% Internet _____% Auction (risk is an auction) _____%					
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					

<b><u>NON-DEALER OPERATIONS</u></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 Maintenance or Repair	_____%	Mobile Auto Repair	_____%		
Auto Painting	_____%	Oil /Lube	_____%		
Auto Parts (uninstalled) Receipts _____	_____%	Parking Lot & Parking Garage (self-park)	_____%		
Body Shop	_____%	Performance Enhancement	_____%		
Brakes	_____%	Tire Sales – New	_____%		
Butane, Propane, LPG, LNG, Nitrous	_____%	Tire Sales & Repair – Used	_____%		
Car Wash – Full Service	_____%	Trailer Hitch Install or Repair	_____%		
Convenience Store Receipts _____	_____%	Upholstery	_____%		
Detailing	_____%	Valet Parking (Valet supplemental required)	_____%		
Driveway Contractor, Wrecker or Towing Service	_____%	Van Conversion	_____%		
Frame or Unibody Straightening	_____%	Window Tinting	_____%		
Gasoline Station – Full Service	_____%	Windshield Install or Repair	_____%		
Gasoline Station – Self Service	_____%	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					



**COVERAGE & LIMITS**

Garage Liability	Limit of Liability	Deductible
	Auto _____	Each Accident _____ Bi & PD
	Other Than Auto _____	Each Accident _____
	Other Than Auto _____	Aggregate Limit _____

Garagekeepers	Limit of Coverage	
<input type="checkbox"/> Legal Liability	Location 1 _____	Maximum Value Per Single Auto _____
<input type="checkbox"/> Direct Excess	Location 2 _____	_____ Deductible Per Auto
<input type="checkbox"/> Direct Primary	Location 3 _____	_____ Deductible Per Occurrence
<input type="checkbox"/> Comprehensive	In- Tow Coverage	<input type="checkbox"/> For Hire <input type="checkbox"/> Not-For-Hire
<input type="checkbox"/> Specified Causes	Limit Per Tow Truck: _____	Number of Tow Trucks _____
<input type="checkbox"/> Collision		

Dealers Open Lot	Limit of Coverage	
<input type="checkbox"/> Comprehensive	Location 1 _____	Maximum Value Per Single Auto _____
<input type="checkbox"/> Specified Causes	Location 2 _____	_____ Deductible Per Auto
<input type="checkbox"/> Collision	Location 3 _____	_____ Deductible Per Occurrence
	<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Consigned Autos
<input type="checkbox"/> False Pretense	<input type="checkbox"/> Your interest and the interest of any creditor as Loss Payee	

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"/> Hired Auto
<input type="checkbox"/> Fire Legal Liability Limit _____	<input type="checkbox"/> Broad Form Products
<input type="checkbox"/> Personal Injury Liability	<input type="checkbox"/> Drive Other Car

<input type="checkbox"/> Additional Insured	Name _____
---	------------

<input type="checkbox"/> Waiver of Subrogation (landlord only)	Address: _____
--	----------------

Insurable Interest/Relationship to risk: _____
--

Additional Information: \_\_\_\_\_

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.

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.

\_\_\_\_\_  
Signature of Agent

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

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