



ESSEX INSURANCE COMPANY

GARAGE APPLICATION (NON-DEALER)

ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION
MUST BE SIGNED AND DATED BY THE APPLICANT

APPLICANT Name and Mailing Address

AGENT Name and Address

Proposed Policy Period from: _____ to _____

Location #1

Location #2

Individual Partnership Joint Venture Corporation Other

Inspection and Audit Contact / Phone Number _____

Years In Business:

Years of experience in this field:

Total # of Employees:
(Includes owners/partners)

NATURE OF BUSINESS					
Description of Operations					
PRIOR CARRIER AND LOSS HISTORY					
Please list prior carrier for the last three years. If no prior insurance, indicate NONE					
Year	Carrier	Date of Loss	Description of Loss	Driver	
Has any company ever canceled, declined or refused to issue any similar insurance to the applicant in the past three years?					
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain					
EMPLOYEE AND NON-EMPLOYEE INFORMATION					
YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES, OWNERS, PARTNERS AND OFFICERS					
Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

HOURS WORKED: F = Full Time (Over 20 hours per week)
 P = Part Time (20 or less hours per week)
 N = Non-Employee

UNDERWRITING INFORMATION

DO YOU	YES	NO	YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	10. Leave keys in vehicles?	<input type="checkbox"/> <input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	11. Repossess vehicles?	<input type="checkbox"/> <input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	12. Subcontract any work out?	<input type="checkbox"/> <input type="checkbox"/>
4. Sell or install any used parts?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have underground storage tanks?	<input type="checkbox"/> <input type="checkbox"/>
5. Engage in auto dismantling or Salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	14. Sell or distribute butane, propane or other Liquefied gas?	<input type="checkbox"/> <input type="checkbox"/>
6. Conduct structural alterations or Frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	15. Post signs to keep customers away from Work area?	<input type="checkbox"/> <input type="checkbox"/>
7. Modify vehicles for performance Style or handling characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	16. Rent, lease or loan vehicles, machinery or Equipment to others?	<input type="checkbox"/> <input type="checkbox"/>
8. Install or repair trailer hitches?	<input type="checkbox"/>	<input type="checkbox"/>	17. Keep firearms on premises?	<input type="checkbox"/> <input type="checkbox"/>
9. Own or operate tank trucks?	<input type="checkbox"/>	<input type="checkbox"/>		

EXPLAIN ALL "YES" RESPONSES.

PERCENTAGE OF OTHER OPERATIONS

Gasoline or Diesel Sales	%	Sales: <input type="checkbox"/> Autos <input type="checkbox"/> Other	%
Grocery or Liquor Sales	%	Storage Lots	%
Parts Sales. <input type="checkbox"/> Used <input type="checkbox"/> New	%	Tow truck service for hire	%
<input type="checkbox"/> Sports Car Repair %		<input type="checkbox"/> Classics (Muscle Cars/Hot Rod Repair) %	
		<input type="checkbox"/> Antique Auto Repair %	%
Vehicle Conversions (Specify type of conversion):			%
Other:			%

LOT INFORMATION

Where are vehicles stored? *Standard Lot Non-Standard Lot Unfenced Lot Building

* A standard lot is defined as being enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height, or Bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the Lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended.

Is lot well lit? Yes No Guard dogs? Yes No

Security Guards? Yes No Armed? Yes No

Other security devices? (Cameras, alarms, etc.) Yes No

*If yes, describe

Maximum value of any one vehicle? Average number of cars on hand?

Maximum value of all vehicles on the lot?

TYPES OF VEHICLES TO BE REPAIRED	
Private Passenger Types, Light & Medium Trucks (0-20,000 GVW)	%
Heavy, Extra Heavy Trucks & Truck Tractors (20,000+ GVW) <input type="checkbox"/> *Yes <input type="checkbox"/> No	%
*If yes, do all drivers have a Commercial Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heavy Equipment (Specify):	%
<input type="checkbox"/> ATVs <input type="checkbox"/> Motorcycles <input type="checkbox"/> Scooters <input type="checkbox"/> Snowmobiles	%
Boats, Jet ski's or other Watercraft	%
Motor Homes or Recreational Vehicles	%
Other (Specify):	%
<u>TOTAL</u>	<u>100%</u>
Types of repairs	
Brake Work	%
Alignment, Steering or Front End Suspension Work	%
Body Work or Spray Painting Work? <input type="checkbox"/> *Yes <input type="checkbox"/> No	%
*If yes, what measures are in place to prevent a build-up of paint/chemical fumes?	
Engine Work	%
Hydraulic Work	%
Manufacturing/Fabricating (Specify)	%
Oil, Lube, Tune-Up	%
Reefer Work	%
Tanker Work	%
Tires: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Recap <input type="checkbox"/> Split Rim Work	%
Trailer Repair	%
Welding	%
Other (Specify):	%
<u>TOTAL</u>	<u>100%</u>
WORK LOCATIONS	
At Shop	%
Away From Premises (Customer's Location)	%
Away From Premises (Roadside) <input type="checkbox"/> *Yes <input type="checkbox"/> No	%
*If yes, is diversion of traffic performed: <input type="checkbox"/> *Yes <input type="checkbox"/> No	%
* *If yes, explain:	
<u>TOTAL</u>	<u>100%</u>

COVERAGE	LIMIT OF LIABILITY OR INSURANCE	DEDUCTIBLE												
Liability Symbol(s) 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/>	Auto \$ Each Accident Other Than Auto \$ Each Accident Other Than Auto \$ Aggregate Limit	\$ BI \$ PD												
Personal Injury Liability	\$	\$												
Auto Medical Pay \$ Garage Ops Medical \$ Combined Med Pay \$														
Garagekeepers Symbol 30 <input type="checkbox"/> Legal <input type="checkbox"/> Direct Primary	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">Per Auto</td> <td style="text-align:center;">Per Location</td> </tr> <tr> <td>Comprehensive</td> <td style="text-align:center;">\$</td> <td style="text-align:center;">\$</td> </tr> <tr> <td>Specified Causes</td> <td style="text-align:center;">\$</td> <td style="text-align:center;">\$</td> </tr> <tr> <td>Collision</td> <td style="text-align:center;">\$</td> <td style="text-align:center;">\$</td> </tr> </table>		Per Auto	Per Location	Comprehensive	\$	\$	Specified Causes	\$	\$	Collision	\$	\$	\$ \$ \$
	Per Auto	Per Location												
Comprehensive	\$	\$												
Specified Causes	\$	\$												
Collision	\$	\$												
In-Tow Coverage	\$ Per Tow Truck	\$												
Terrorism Coverage	<input type="checkbox"/> Accept <input type="checkbox"/> Reject													
Additional Insured (Name, Address & Interest)														

NOTICE The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION.

Any person who knowingly and with intent to defraud the Company filing 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.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Applicant's Signature

Date