



Essex Insurance Company

Markel Insurance Company

GARAGE APPLICATION
For: Non-franchised Used Auto Dealers
Or Service/Repair Operations

AGENCY INFORMATION

Name: _____ Producer: _____
 Agency #: _____ FEIN #: _____ E-mail: _____
 Address: _____ Phone: _____

APPLICANT INFORMATION

Proposed Term: From: _____ To: _____
 Name: _____ Phone: _____
 DBA: _____ Contact Name: _____
 Mailing Address: _____ E-mail: _____
 _____ Website: _____

Location Address: 1. _____

 own lease New
 Renewal # _____
 Rewrite # _____
 2. _____

 own lease
 3. _____

 own lease

Business Entity: Individual Partnership Corporation LLC Other: _____
 New Venture, explain experience in industry: _____

LOSS EXPERIENCE - CURRENT PLUS 3 PRIOR YEARS

1. Has any company cancelled, declined or refused to offer insurance in the last 3 years (Not applicable in MO)? Yes No
 If yes, explain: _____

Policy Period		Name of Insurance Company	Premium	
From	To			
Date of Loss	Description of Claim		Amount Paid	Amount Reserved

GENERAL INFORMATION

(Select based on sales or repair operations)

	Sales	Repair		Sales	Repair
PP Autos (include pickups/vans)	_____%	_____%	Contractors Equipment	_____%	_____%
Truck Tractors/Trailers/Semi-Trailers	_____%	_____%	Bucket Truck/Cherry Picker	_____%	_____%
Motor Homes/RVs	_____%	_____%	Scissor Lift	_____%	_____%
Utility Trailers	_____%	_____%	Farm Machinery	_____%	_____%
Motorcycles	_____%	_____%	Golf Carts	_____%	_____%
Scooters	_____%	_____%	Snowmobiles	_____%	_____%
Boats/Jet Skis	_____%	_____%	School Buses	_____%	_____%
Classic/Antique Autos	_____%	_____%	Other Buses	_____%	_____%
Off Road/ATV	_____%	_____%	Emergency (Fire/Ambulance)	_____%	_____%
Other – Describe: _____	_____%	_____%	Trike Conversions	_____%	_____%

1. Describe applicants operations: _____
2. Do you own or sponsor any racing vehicles? Yes No
3. Do you have any animals on premises? (Exclusion applies.) Yes No
4. Do you rent or loan autos or equipment? Yes No
If yes, explain: _____
5. Describe any other operations at the insured locations: _____
6. Do you own/operate any other business? Yes No
If yes, explain: _____
7. Do you sub-contract out any work? Yes No
If yes, what type of work? _____
If yes, do you get a certificate of insurance from sub-contractor? Yes No

Complete only the sections that apply to this applicants operation

DEALER INFORMATION

- Wholesale Dealer _____% Retail Dealer _____%
1. Are customers permitted to test drive auto without a salesperson? Yes No
If yes, explain: _____
 2. Are photocopies of Drivers Licenses and Insurance Cards made prior to all test drives? Yes No
 3. Are titles always transferred at time of sale? Yes No
 4. Do you have any consigned autos held for sale? Yes No
 5. Do you repossess autos? Yes No
If yes, is repo contracted out to others? (Proof of their insurance is required.) Yes No
 6. Do you pick up automobiles (inventory) to be held for sale? Yes No
Who are the drivers: insured employees hired "as needed"
Are the vehicles transported using YOUR dealer tags? Yes No
 7. Do you sell autos with salvage titles? Yes No
If yes, explain: _____
 8. Are you a "Buy Here/Pay Here" operation? Yes No
If yes, how are titles handled? _____

9. Please indicate the interests to be covered for autos held for sale.

Your interest in covered "autos" you own	Your interest only in financed covered "autos"	Your interest and the interest of any creditor named as a Loss Payable	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2. Is your lot adequately lighted? Yes No
- 3. Is there police protection or security patrol? Yes No
- 4. Does building have a central station alarm? Yes No
- 5. Distance to fire hydrant. _____ (whole feet)
- 6. Distance to fire station. _____ (whole miles)
- 7. Where are the keys kept during business hours? _____ After hours? _____
(This applies to both owned and non-owned autos.)

Complete only the sections that apply to this applicants operation

TIRE SALES/SERVICE INFORMATION

- 1. Do you sell tires? _____% New _____% Used Yes No
- 2. Do you sell recaps or retreads? Yes No
- 3. Do you install/service tires? _____% New _____% Used Yes No
- 4. Do you do Split Rim work? Yes No
- 5. Are you a mobile operation? Yes No
- 6. How do you dispose of old tires? _____
- 7. How often? _____
- 8. Where/how are old tires stored prior to disposal? _____

VALET PARKING INFORMATION

- 1. Name of the business for which you provide valet service: _____
- 2. What type of establishment do you park for? _____
- 3. When do you provide service? Days of week _____ to _____ Hours of day _____ to _____
- 4. Is the parking lot on their premises? Yes No
If no, describe distance to lot and route taken. _____
- 5. Do you park customer's cars on the street? Yes No
- 6. Are valet spaces separate from public parking? Yes No
If yes, how are they separated? _____
- 7. Do you use a 3 part ticket (Customer, dashboard, with the keys?) Yes No
- 8. Where do you keep the customer's keys? _____
- 9. Do you refuse to give an obviously intoxicated customer his/her car keys? Yes No
If yes, do you suggest or provide alternate transportation? Yes No
- 10. Is the lot manned by an attendant when open? Yes No
If no, is the lot fenced and gated for controlled access? Yes No
- 11. Do you provide valet service for special events? Yes No
If yes, number of events? _____
If yes, describe types of events and the parking specifics: _____

RECREATIONAL VEHICLE SALES/SERVICE INFORMATION

- 1. Does the applicant rent RVs to others? Yes No
- 2. Does the applicant rent RV storage space to others? Yes No
If yes, how many vehicles are stored at any one time? _____
If yes, is a written storage agreement used? Yes No
(Copy of the agreement must be submitted for review.)
- 3. Does the applicant do any Liquefied Petroleum Gas (LPG) filling? Yes No
(Exchange only is acceptable with proper storage of tanks.)
- 4. Does the applicant either install or repair appliances, or heating systems? Yes No
If yes, what are employees qualifications? _____
- 5. Does the applicant sell parts and accessories without installing them? Yes No
If yes, annual receipts? \$ _____ (Separate GL charge needed.)

EMPLOYEE DRIVER/NON-EMPLOYEE DRIVER/OCCASIONAL DRIVER/POTENTIAL DRIVER INFORMATION

List all owners, officers, partners & employees who drive lot vehicles and/or are employed in any capacity as well as spouse, children over 14, other household members and any relative or friend allowed to drive your vehicles, or furnished an auto with a dealer plate.

Complete the information using **Key** shown below.

Key:

Positions:

- | | |
|-----------------------------|-----------------------|
| 1. Owners/Officers/Partners | 9. Mechanic/Tech |
| 2. Manager | 10. Paint & Body |
| 3. Sales | 11. Parts Runner |
| 4. Buyer | 12. Occasional Driver |
| 5. Lot Person | 13. Family Member |
| 6. Detailer | 14. Household Member |
| 7. Clerical | 15. Other _____ |
| 8. Spouse | |

Status:

- F – Full Time (Over 20 hours per week)
 P – Part Time (20 hours or less per week)
 N – Not active in business

1	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
2	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
3	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
4	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
5	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
6	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
7	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
8	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
9	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
10	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		

Additional information: _____

Additional employees, attach additional list.

LIABILITY – COVERAGES & LIMITS (select if applicable)

Liability Deductible: BI/PD BI PD \$ _____

Each "Accident" "Garage Operations" - "Auto" Only \$ _____, Other than "Auto" Only \$ _____

Aggregate - "Garage Operations" – Other Than "Auto" Only \$ _____

Property Damage Buyback (MI only)

Completed Operations Deductible \$ _____

PIP, if required by state Basic or \$ _____

Property Protection (MI only)

Medical Payments \$ _____ Auto Premises Both

Uninsured Motorists (if applicable) BI \$ _____

PD \$ _____

Waiver of Collision (CA only)

If UM is required by state, please complete, sign and attach proper form for selection or rejection of coverage.

Total Number of Plates: Dealer: _____ Transporter: _____ Other: _____

OPTIONAL COVERAGE – (select if applicable)

Broadened Coverages, (includes \$50,000 Fire Legal)
Total Fire Legal Limit (if add'l needed) \$ _____

Misc GL
Operation: _____

Fire Legal Liability (if no Broadened Coverage) \$ _____

Vacant Land, # acres _____

Personal Injury (w/o Broadened Coverage)

Employee Tools, Limit \$ _____

Broad Form Products

In-transit, Limit \$ _____

Property Plus Extension

Waiver of Subrogation (Need copy of contract)

Lessors Risk (tenants name, type of operation, total sq. ft., address)

Additional Insureds (name, address, interest)

Mortgagees and/or Loss Payees (name, address, interest)

Errors and Omission Coverage (select below) Limit \$ _____ (same limit applies to each selection)

Federal Odometer Truth In Lending Title E & O Agent's E & O

False Pretense Limit \$ _____

SPECIFIED AUTOS (Service autos only)

Auto #	Year, Make, Model, VIN	Where Garaged	Radius	Physical Damage Stated Amount	Comp/Coll Deductible

GARAGEKEEPERS – COVERAGE & LIMITS (select if applicable)

GKL	Loc.	Enter the Limit for Each Location	No. of Autos	Per Auto All Perils Deductible	Maximum Deductible (applies to Comp and Specified Perils only)
<input type="checkbox"/> Legal Liability	1.	\$		\$	<input type="checkbox"/> None <input type="checkbox"/> 3X <input type="checkbox"/> 5X
<input type="checkbox"/> Direct Primary	2.	\$		\$	
<input type="checkbox"/> Comp/Coll	3.	\$		\$	
<input type="checkbox"/> Spec Perils/Coll					
Exclude: <input type="checkbox"/> Wind <input type="checkbox"/> Hail <input type="checkbox"/> Flood					

DEALERS OPEN LOT (PHYSICAL DAMAGE) COVERAGE & LIMITS (select if applicable)

Dealers Open Lot-Physical Damage	Number of Autos Held for Sale	Enter Limit for Each Location		Per Auto All Perils Deductible	Maximum Deductible (applies to Comp and Specified Perils only)	
		Max. Value Any One Auto	Max. Value for All Autos			
Coverage	Loc.	Maximum	Average			
<input type="checkbox"/> Fire	1			\$	\$	<input type="checkbox"/> None <input type="checkbox"/> 3X <input type="checkbox"/> 5X
<input type="checkbox"/> Fire & Theft	2			\$	\$	
<input type="checkbox"/> Specified Perils	3			\$	\$	
<input type="checkbox"/> Comprehensive						
Collision (Blanket all locations)	Limit \$ _____					
MI only:						
<input type="checkbox"/> Regular						
<input type="checkbox"/> Limited						
<input type="checkbox"/> Broadened						
Exclude: <input type="checkbox"/> Wind <input type="checkbox"/> Hail <input type="checkbox"/> Flood						

PROPERTY

If coverage is desired, please complete and attach Acord PROPERTY application. (Acord 140)

FRAUD WARNINGS AND WARRANTY STATEMENTS

FRAUD WARNINGS

Notice to Arkansas and West Virginia Applicants: Any person who knowingly 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.

Notice to Colorado Applicants: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

Notice to Kentucky Applicants: 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.

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

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

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

Notice to New Mexico Applicants: Any person who knowingly 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 civil fines and criminal penalties.

Notice to New York Applicants: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio Applicants: 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.

Notice to Oklahoma Applicants: 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.

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

Notice to Pennsylvania Applicants: 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.

Notice to Tennessee, Virginia and Washington Applicants: 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.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to Applicants of all other states: 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 the person to criminal and civil penalties.

WARRANTY STATEMENT

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

Name of Applicant

Title

Signature of Applicant

Date

Licensed Agent (Applicable to IA)

Date

Name of Agent (Applicable to FL)

Agent License Number