



GARAGE APPLICATION

APPLICANT INFORMATION Requested

Policy Effective Date: MM/DD/YYYY _____ / _____ / _____

Business trade name: _____

Mailing Address: _____

Contact Name: _____ Contact Phone _____

Years in operation using the same trade name? _____ (If less than 3 years, detail your prior experience and specialized training) _____

Business structure: Individual Partnership Corporation LLC

Website address: _____

GENERAL INFORMATION

1. Description of Operations: _____

2. Estimated Annual Sales/Receipts: \$ _____

3. What types of motor vehicles do you service, repair or sell? (please check all that apply)
 private passenger motorhome motorcycle utility trailer
 commercial truck commercial trailer other (describe) _____

4. What parts and accessories do you sell over the counter?
 Used parts exterior/interior trim apparel

5. Estimated annual over the counter sales \$ _____

6. For which type of establishments do you provide valet parking?
 restaurant bar club resort other (describe) _____

7. What are your security practices? 3-part ticket key cabinet protected lot

8. List all locations where you conduct garage business: (address, city, state, zip)
 a. _____
 b. _____
 c. _____
 d. _____

9. Please list all owners and all employees at your business and indicate if you furnish anyone a business auto that you own:

Name	Birth date	License #	CDL	State	Position	Furnish Auto	Part-time
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Please list insurance companies that have provided coverage for your business for the last 3 years:

- 1. Current Year _____
- 2. Prior Year _____
- 3. Prior Year _____

11. List all insurance claims filed in the past 3 years

- Claims listed below No known Losses Loss History attached

Date of Claim	Cause of Loss	Amount Paid
		\$
		\$
		\$

SERVICE OR REPAIR QUESTIONS

1. List the percentage of work you provide for each:

a. Where work is done:

- Your shop
- Customer's location
- Other (describe)

TOTAL MUST EQUAL 100%

b. Type of work done (% to Total):

- | | | | |
|--------------------------|--|-----|----|
| <input type="checkbox"/> | Body/Paint - Paint Booth | Yes | No |
| <input type="checkbox"/> | Brakes, Transmission or Suspension | | |
| <input type="checkbox"/> | Electrical | | |
| <input type="checkbox"/> | Mechanical | | |
| <input type="checkbox"/> | Muffler/Radiator | | |
| <input type="checkbox"/> | Oil Change | | |
| <input type="checkbox"/> | Roadside Assistance | | |
| <input type="checkbox"/> | Safety Inspection | | |
| <input type="checkbox"/> | Tires/Wheels (please complete Tire Supplement) | | |
| <input type="checkbox"/> | Tune Up | | |
| <input type="checkbox"/> | Wash/Detail | | |
| <input type="checkbox"/> | Welding (describe) | | |
| <input type="checkbox"/> | Other (describe) | | |

TOTAL MUST EQUAL 100%

2. Where do you store customer's vehicles? In Building Fenced Area Open Lot

3. Where do you store keys to customer's vehicles? Key cabinet In/On the Vehicle
 Other (describe) _____

4. Do you tow for hire? Yes No

5. Number of Repairer/Transporter plates owned by you? _____

Dealer Sales Questions

- 1. Number of vehicles sold annually:
- 2. Number of vehicles held for sale: Average # Maximum #
- 3. Number of vehicles sold on internet auction sites:
- 4. Number of vehicles sold on consignment:
- 5. Do you always ride with prospective buyers on test drives? Yes No
- 6. Do you sell "salvage titled" vehicles? Yes No
If yes, how much structural repair done? %
- 7. Where do you store owned/consigned vehicles? Building Fenced Lot Open Lot
- 8. Where do you store keys to owned/consigned vehicles? Key cabinet In/On the Vehicle
 Other (describe) _____
- 9. Do you repossess vehicles financed by your dealership? Yes No
- 10. How many Dealer Plates do you have? _____

Coverage Requested

Garage Liability Limit each accident \$ aggregate

Deductible (includes broadened coverage for Garages)

Additional Insured Landlord Designated Other (describe) _____

Provide name and address: _____

Dealers Errors & Omissions \$50,000

Garagekeepers Legal Liability or Direct Primary

Limit per Location:

Location 1: \$ _____

Location 2: \$ _____

Location 3: \$ _____

Location 4: \$ _____

Coverage and Deductible

Specified Causes of Loss & Collision with Deductible \$ each auto
 Comprehensive & Collision with Deductible \$ each auto

Dealers Physical Damage

Limit per Location:

Location 1: \$ _____

Location 2: \$ _____

Location 3: \$ _____

Location 4: \$ _____

Coverage and Deductible

- Specified Causes of Loss & Collision with Deductible each auto
- Comprehensive & Collision with Deductible each auto
- False Pretense \$25,000
- Increase Drive-Away Collision from 50 road miles to _____ road miles

Interests Covered Yours Yours & Creditors Consigned

Loss Payee _____

Scheduled Vehicles

Year	Make/Model	V.I.N.	Stated Amount
			\$
			\$
			\$
			\$

Weight	Use	Radius	Loss Payee

Medical Payments Premises or Premises & Auto with Limit \$

For Dealers and Scheduled Vehicles (use State specific ACORD 138; signed copy required to Bind)

Uninsured Motorist Limit \$ _____
Underinsured Motorist Limit \$ _____
Personal Injury Protection \$ _____

APPLICANT'S SIGNATURE

PRIVACY NOTICE

Personal information about you may be collected from persons other than you in connection with this application for insurance. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

MISREPRESENTATION, CONCEALMENT AND FRAUD

*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 material fact 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 _____

Signature of Agent _____ Date _____