



APPLICATION FOR GARAGE POLICY

Applicant Name: _____/dba _____ Agent: _____

Mailing Address: _____ Address: _____

Phone Number: _____ Contact Name _____ Website _____

Proposed effective date: ____/____/____ to ____/____/____

Business Entity:

Years in business: _____ Years of Experience in this field: _____

Individual Joint Venture

If New Venture, describe experience: _____

Partnership Corporation

Description of Operations: _____

Other: _____

Locations: Same as Mailing Address

1) Address: _____ City: _____ State _____ Zip _____

2) Address: _____ City: _____ State _____ Zip _____

3) Address: _____ City: _____ State _____ Zip _____

List any other business operations operated by you: _____

INSURANCE HISTORY No prior insurance

Current Carrier _____ Eff Date ____/____/____ Exp Date ____/____/____ Premium _____

Prior Carrier _____ Eff Date ____/____/____ Exp Date ____/____/____ Premium _____

Prior Carrier _____ Eff Date ____/____/____ Exp Date ____/____/____ Premium _____

In the last 3 years has any company cancelled, declined or refused to issue similar insurance to the insured? Yes No

If yes, explain: _____

LOSS HISTORY No prior losses

Loss Year _____ Amount _____ Description _____ Driver _____

Loss Year _____ Amount _____ Description _____ Driver _____

Loss Year _____ Amount _____ Description _____ Driver _____

AUTO EXPOSURE

Auto – Used Private Passenger, Light Trucks _____% Golf Carts – Off Road Use _____%

Auto Auction (held on your premises) _____% *Heavy Truck (26,000 GVW) _____%

Antique or Classic Auto _____% High Performance or Race Car _____%

ATV, Snowmobile, Dirt Bike _____% Mobile Home or Tiny Home _____%

*Boat or Jet Ski _____% *Motorcycle or Scooter _____%

*Bus _____% Off Road 4x4 _____%

Camper or Travel Trailer _____% *RV, Camper or Motor Coach _____%

Emergency Vehicles _____% *Semi-Trailer _____%

*Equipment – Contractors, Farm, Lawn _____% Trailer (Utility or Livestock) _____%

Golf Carts – Licensed for Road Use _____% *Valet Parking _____%

Other: _____%

*Complete SUPPLEMENT



DO YOU:

Obtain certificates of insurance from all sub-contractors? Yes No Have weapons on person/ premises? Yes No
Loan, lease or rent autos to others? Yes No Have animals on premises? Yes No
If yes: Loan/ Rent to customer while repairing their auto Rent/ Lease to the public Rental/Loaner Agreement in place

Explain all yes answers: _____

DEALER OPERATIONS

Nature of Business:

Broker _____% Import _____% *Salvage / Reconstructed Titled Autos _____%
Consignment _____% Internet _____% *Wholesale _____%
Export _____% Retail _____% *Complete Supplement

Vehicles sold per year _____

Number of Dealer Plates _____ Number and type of any other plates: _____

List all states where you conduct business: _____

Who transports your vehicles? Driven by Owner/Employees Temporary or Contract Driver Owned Tow Bar or Dolly
 Owned Tow Truck or Car Hauler Contracted Tow Truck or Car Hauler

DO YOU:

Accompany customers on all test drives? Yes No

If no, do you:

Allow extended or overnight test drives? Yes No

Require a copy of their Driver's License & Proof of Insurance? Yes No

Accompany anyone under age 21? Yes No

Offer Buy-Here / Pay-Here Sales, Rent-to-Own, Lease-to-Own, or in-house financing? Yes No

If yes, do you:

Transfer title to the customer as lienholder and immediately report the sale to the state? Yes No

NON-DEALER OPERATIONS

Nature of Business: Repair on Premises _____% Mobile Repair _____%

DO YOU:

Allow customers to drive vehicles into the bay? Yes No

Park autos on public streets? Yes No

Have signs posted to keep customers from work areas? Yes No

Have No Smoking signs posted? Yes No

Have serviced and charged fire extinguishers on site? Yes No

Have Repair/Transporter plates? If yes, # _____ Yes No

Pick-up or deliver customers' vehicles? Yes No

If yes, how far do you go and how often? _____ Miles _____ Times a week

Sell any autos? Yes No

If yes, how many do you sell per year? _____

Have any other sales exposure? Yes No

If yes, provide:

Number of pumps: Gasoline _____ Diesel Fuel _____ LPG _____

Gross Receipts: New Parts \$ _____ Used Parts \$ _____ Convenience Store \$ _____

Other: _____ \$ _____



NON-DEALER OPERATIONS

"Auto" refers to types of vehicles identified on page 1

***SUPPLEMENT REQUIRED**

Alarm, Stereo or Navigational Systems	_____%	Gas Station	<input type="checkbox"/> Full Serve	<input type="checkbox"/> Self-Serve	_____%
Alignment	_____%	Handicap Vehicle Conversion*			_____%
Alarms, GPS, Radio/Stereo, Sirens	_____%	Impound / Storage Yard			_____%
Airbags	_____%	Inspection Station			_____%
Auto Dismantling	_____%	Lift / Lowering Kits	Max # inches _____		_____%
Auto Restoration	_____%	Machine Shop			_____%
Ground-Up? <input type="checkbox"/> Yes <input type="checkbox"/> No		Oil /Lube			_____%
Bedliner Installation	_____%	Parking Lot or Garage (self-park)			_____%
Body & Paint Shop	_____%	Parts Sales (Uninstalled)			_____%
Brakes	_____%	Pawn Shop – Auto and/or Title Pawn			_____%
Breathalyzer / Ignition Interlock	_____%	Roadside Assistance			_____%
Car Wash	<input type="checkbox"/> Full Service <input type="checkbox"/> Self Service	24 Hr?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tires	_____%
Is there an automated car wash on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salvage Operations*			
If yes, who drives vehicles through?	<input type="checkbox"/> Customer <input type="checkbox"/> Employee	Salvage Titled Auto Repair /Rebuilding			_____%
Convenience Store	_____%	Salvage Yard			_____%
Cooking / Restaurant exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suspension			_____%
Customization and/or Performance Enhancement	_____%	Tires (If any, complete tire section below)			_____%
Purpose: <input type="checkbox"/> Speed <input type="checkbox"/> Appearance <input type="checkbox"/> Run Better		Trailer Hitch Install or Repair			_____%
Detailing (hand wash/detail only)	_____%	Bolt _____% Weld _____%			
DIY Self Service Bay Rental	_____%	Transmission			_____%
Engine Repair	_____%	Tune Ups / Maintenance			_____%
Fabrication / Machine Shop	_____%	Window Tinting			_____%
Fiberglass Body Repair	_____%	Windshield Install or Repair			_____%
Frame Work: Straightening	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wraps			_____%
Cutting/Stretching	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wrecker For Hire	Repo <input type="checkbox"/> Yes <input type="checkbox"/> No		_____%
Do you cut between the axles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wrecker Not For Hire			_____%
Fuel Conversion (CNG, Nitrous) Type _____	_____%				
Are all spray painting operations completed in a separate, ventilated room?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Painting			
Are all fiberglass resins, paints and solvents stored in a fire resistive cabinet?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain if No _____					

TIRES and RIM REPAIR (Complete if any percentage of Tires above)

- | | | |
|--|-------------------------------|--|
| 1) New Tires _____% Used Tires _____ | 6) Do you perform Rim Repair | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Do you fix/change tires for heavy trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: a) Are tires removed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Do you sell Tires over 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | b) Cosmetic Only? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Do you rent or lease Tires? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5) Describe quality assurance to ensure tires are properly installed & inflated and all lug nuts properly tightened: _____ | | |

AUTO STORAGE – DEALER AND NON-DEALER

Fully fenced and gated?

In Building Age: _____ Construction: _____ PC: _____ Central Station Alarm? Yes No

Other _____

Do you store autos anywhere other than your lot? Yes No If yes, where? _____

Are keys left in or on any vehicles? Yes No

Are keys secured in a lock box? Yes No

If no, describe key controls: _____



EMPLOYEE and NON-EMPLOYEE INFORMATION: ALL owners, employees, drivers and household members **MUST** be listed, including contract drivers, 1099 and other employees who do not have their own insurance

Loc #	Name	Driver's License #	State	Date of Birth	Accidents/Violations (past 3 yrs.)	Hours Worked*	Status **	Auto Use ***	PAP In Place? ****

Blanket Contract Driver Exposure: Yes No
MISSOURI ONLY: Anyone under the age of 21 must be listed on the MUS 70019 Driver Exclusion, with the insured's signature.
***Hours Worked:**
 F = Full-Time (over 20 hrs/week)
 P = Part-Time (20 or less hrs/week)
 N – Non-Employee
**** Status:**
 1. Active owner, partner or officer
 2. Inactive owner, partner or officer
 3. Lot person
 4. Salesperson
 5. Mechanic
 6. Clerical
 7. Spouse of owner, partner or officer
 8. Child of owner, partner or officer
 9. Spouse of any other person furnished an auto
 10. Child of any other person furnished an auto
 11. Occasional or contract driver
 12. Other: _____
*****Auto Use:**
 A = Furnished a covered auto for personal use
 B = Business Use only of covered autos
 C = Excluded Driver
******PAP = Personal Auto Policy**

COVERAGE & LIMITS

Garage Liability Deductible _____
 Limit of Garage Liability Auto _____ /Other Than Auto _____ /Aggregate _____
 Radius of Pickup & Delivery: 1-300 miles 301-500 miles 501-1,000 miles Over 1,000 miles
 Dealer's Errors & Omissions (\$50,000 Limit) Truth in Lending Federal Odometer Title Insurance Agents
 Package Additional GL Operations: _____

Garagekeepers Limits of Coverage
 Legal Liability Comprehensive & Collision Location #1 _____ Max Limit Per Vehicle
 Direct Excess Specified Causes & Collision Location #2 _____
 Direct Primary Deductible _____ Location #3 _____
 In - Tow Coverage: For Hire Not-For-Hire Limit Per Tow Truck: _____ Number of Tow Trucks _____

Dealers Physical Damage Limits of Coverage
 Comprehensive & Collision Location 1 _____ Max Limit Per Vehicle
 Specified Causes & Collision Location 2 _____
 Deductible _____ Location 3 _____
 False Pretense Coverage *Limit Calculation: Value Per Auto: Average _____ Max _____
 Number of Autos: Average _____ Max _____

Coverage applies to: (Check at least 1)
 Your interest in covered autos you own Consigned Autos
 Your interest and the interest of any creditor as Loss Payee (provide name/address below)

Loss Payee Name/Address: _____
 (Dealers PD): _____



ADDITIONAL COVERAGE OPTIONS

Medical Payments Garage Operations /Premises Limit _____ Auto Limit _____
 Personal Injury Protection (limit per statute)

Uninsured Motorists Each Accident Limit _____ Number of Plates: Dealer _____
 Underinsured Motorists Each Accident Limit _____
 Uninsured Motorists Property Damage Limit _____
 I reject all Uninsured Motorists Coverages

Personal Injury Protection Limit Per Statute _____

Broadened Coverage (includes Personal Injury and \$ 100,000 in Damage to Rented Premises)
 Damage to Rented Premises Limit _____
 Personal Injury Liability (do not select if Broadened Coverage is requested)
 Hired Auto
 Broad Form Products
 Drive Other Car

ADDITIONAL INSURED OPTIONS

Owner of Garage Premises (CA 2509)

 Designated Insured (CA 2048)

 Blanket Additional Insured
 Grantor of Franchise (CA 2049)

 Leased Equipment (CA 2047)

 Waiver of Subrogation _____
 Provide Insurable Interest/ Relationship to risk:

SCHEDULED AUTOS

Coverage(s): Liability Comprehensive & Collision Specified Causes & Collision Deductible _____

Year	Make	Model	VIN	Value	GWV	Use	Radius



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 commits a fraudulent insurance act, which is a crime and may be subject to civil and criminal penalties.

In AL, AR, AZ, DC, LA, MD, NM, RI & WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines, (restitution in AL) or confinement in prison.

In 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

In Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation in NY).

In Maine, Tennessee, Virginia and 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 may include imprisonment, fines or denial of insurance benefits.

In New Jersey: 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.

In Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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, correct and complete to the best of my knowledge and no material facts have been suppressed or misstated.

Signature of Agent

_____/_____
Date

Signature of Applicant

