

GARAGE APPLICATION

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

Broker #: _____ Retailer: _____
 Broker: _____ Location: _____
 Location: _____
 Phone #: _____

Applicant Name and Mailing Address _____

Proposed Policy Period _____ to _____

Location #1 _____

Location #2 _____

Individual Partnership Joint Venture Corporation Other _____

Insured's Website Address _____

Inspection and Audit Contact / Phone Number _____

Years in business _____ Years of experience in this field _____

NATURE OF BUSINESS

DEALER: Wholesale Retail Non-Franchised Franchised with _____

NON-DEALER: Repair Shop Gas Station Parking Facility Other _____

UNDERWRITING INFORMATION

DO YOU:	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	8. Repossess vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	9. Engage in Fuel Conversion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have guard dogs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sponsor driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	11. Operate petroleum or LPG trucks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Install Service or Repair Airbags?	<input type="checkbox"/>	<input type="checkbox"/>	12. Engage in Auto Pawning?	<input type="checkbox"/>	<input type="checkbox"/>
6. Structurally alter or convert vehicles from their original design?	<input type="checkbox"/>	<input type="checkbox"/>	13. Rent, lease or loan vehicles, machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
7. Allow test driving of vehicles unaccompanied?	<input type="checkbox"/>	<input type="checkbox"/>	14. Require personal auto insurance be in place prior to relinquishing a sold auto?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ALL "YES" RESPONSES: _____

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING OPERATIONS YOU ARE INVOLVED IN

Antique, Consignment or Used Auto Dealer (Wholesale or Retail)	_____	%
Auto Alarm, Navigational Systems or Stereo Installation	_____	%
Auto Auction	_____	%
Auto Dismantling, Salvage Yards or Sale of Used Parts	_____	%
Auto Maintenance or Repair Including Bedliner or Windshield Installation/Repair	_____	%
Boat Dealer - Other Than Jet Skis	_____	%
Boat Repair - Other Than Jet Skis	_____	%
Body Shop & Painting	_____	%
Bus Dealer or Repair	_____	%
Butane, Propane or other Liquefied Gas Sales on Premises	_____	%
Car Wash - Full Service	_____	%
Contractors or Farm Equipment Dealer or Repair	_____	%
Detailing	_____	%
Driveaway Contractor or Wrecker Service	_____	%
Emergency or Public Livery Vehicle Dealer or Repair	_____	%
Frame or Unibody Straightening	_____	%
Gasoline Station - Full Service	_____	%
Heavy Truck Dealer or Repair	_____	%
Impound Yards	_____	%
Kit Cars or Other Auto Manufacturing	_____	%
Mobile Auto Repair	_____	%
Mobile Home Dealer or Repair	_____	%
Motorcycle Dealer or Repair	_____	%
New Auto Dealers	_____	%
Non-Licensed Vehicle Repair or Sales (ATVs, Jet Skis, Scooters, Snowmobiles, etc.)	_____	%
Oil/Lube Service	_____	%
Parking Lots & Garages	_____	%
Recreational Vehicle Dealer or Repair - <i>SUPPLEMENT REQUIRED</i>	_____	%
Tire Dealers - New	_____	%
Tire Dealers - Used Including Retreads or Split Rims	_____	%
Trailer Dealer or Repair	_____	%
Trailer Hitch Installation or Repair	_____	%
Upholstery	_____	%
Valet Parking	_____	%
Van Conversion	_____	%
Window Tinting	_____	%
Other: _____	_____	%

How are vehicles stored? Standard Lot Non-Standard Lot Unfenced Lot Building

Number of Dealer's Tags? _____ Maximum value of any one vehicle? _____

Average number of cars on hand? _____ Maximum value of all vehicles on the lot? _____

Radius of Pickup & Delivery: 0-300 Miles 301-500 Miles 501-1000 Miles +1000 Miles

EMPLOYEE AND NON-EMPLOYEE INFORMATION

YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR
ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS

Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

- STATUS:
- | | |
|---------------------------------------|--|
| 1. Active Owner, Partner or Officer | 7. Spouse of Owner, Partner or Officer |
| 2. Inactive Owner, Partner or Officer | 8. Children of Owner, Partner or Officer |
| 3. Salesperson | 9. Spouse of any other person furnished an auto |
| 4. Lot Person | 10. Children of any other person furnished an auto |
| 5. Mechanic | 11. Occasional or Contract Driver |
| 6. Clerical | 12. Other _____ |

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

- AUTO USE:
- A = Furnished a covered auto for business & personal use (Only available for Status 1, 2 or 7)
 - B = Uses a covered auto strictly for business use
 - C = Does not drive a covered auto

COVERAGE	LIMIT OF LIABILITY OR INSURANCE	DEDUCTIBLE
Garage Liability	Auto _____ Each Accident	_____ BI
	Other Than Auto _____ Each Accident	_____ PD
	Other Than Auto _____ Aggregate Limit	_____ PD
Personal Injury Protection or No-Fault Coverage	_____ Per Statute	N/A
Medical Payments	_____ Auto _____ Garage Operations	N/A
Uninsured Motorists Coverage	_____ Each Accident	N/A
Underinsured Motorists Coverage	_____ Each Accident	
Garagekeepers	Per Auto Per Location	
<input type="checkbox"/> Legal	Comprehensive _____	_____
<input type="checkbox"/> Direct Excess	Specified Causes _____	_____
<input type="checkbox"/> Direct Primary	Collision _____	_____
	In-Tow Coverage _____ Per Tow Truck	_____
	# of Tow Trucks _____	_____
<input type="checkbox"/> Additional Insured	Person or Organization _____	
<input type="checkbox"/> Waiver of Subrogation	Insurable Interest _____	
<input type="checkbox"/> Personal Injury Liability		<input type="checkbox"/> Broadened Coverage - Garages
<input type="checkbox"/> Fire Legal Liability Limit _____		<input type="checkbox"/> Hired Auto

PRIOR CARRIER AND LOSS HISTORY

List prior carrier and loss history for the current term and four years prior. If no prior insurance, indicate NONE.

Year	Carrier	Date of Loss	Description Including Driver & Amount Paid/Reserved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Witness Date Applicant's Signature