



**GARAGE APPLICATION**

**APPLICANT INFORMATION**

Policy Period Requested: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Trade Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Years this business entity has been in operation? \_\_\_\_ If less than 3 years, explain in detail prior experience and any Specialized Training or Certification: \_\_\_\_\_

Business Entity:  Individual  Partnership  Corporation  LLC

What is your Website address? http://www. \_\_\_\_\_

**GENERAL UNDERWRITING INFORMATION**

1. Describe Your Operations

**Dealer**  Auction  Car Dealer  Coml. Trailer Dir.  Motorcycle Dealer  RV Dealer  
 Truck Dealer  Wholesaler  With Salvage Yard  
 Describe Other \_\_\_\_\_

**Service**  Car Service & Repair  Misc. Svs & Repair  Repossessors  Salvage Yard  
 Tire Sales/Service  Tow Truck Operator  Truck Svs & Repair  Valet & Parking  
 Describe Other \_\_\_\_\_

**Retail Sales**  Uninstalled Parts  Accessories  Clothing (List Gross Receipts on Page 4, Related Ops)

2. What percentage by type of vehicle do you sell or service? (\*complete additional Questionnaire)

- a. Cars, sport utility, pickups, vans \_\_\_\_\_% e. \*Motorcycle & Off-road RV \_\_\_\_\_%
- b. \*Commercial trucks & trailers \_\_\_\_\_% f. \*Construction & Farming Equipment \_\_\_\_\_%
- c. Buses \_\_\_\_\_% g. \*Salvage (used) parts \_\_\_\_\_%
- d. \*RV (Motorhome, Camping Trailer) \_\_\_\_\_% h. Watercraft (including Jet Skis) \_\_\_\_\_%

3. Are you involved in any **additional business operations** other than what is described above:  Yes  No  
If yes, describe: \_\_\_\_\_

4. Locations where you conduct Garage Operations (include Zip Code)

- 1] \_\_\_\_\_
- 2] \_\_\_\_\_
- 3] \_\_\_\_\_
- 4] \_\_\_\_\_

5. What other businesses use your location(s)? \_\_\_\_\_
6. Do you pick-up and deliver customers' vehicles?  Yes  No  
If yes, how many times per Month? \_\_\_\_\_ and how far from your shop? \_\_\_\_\_ miles.
7. How many Transporter Plates do you have? \_\_\_\_\_ How many times a week are they used? \_\_\_\_\_
8. List ALL Owners, Employees and Drivers:

Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Furnished Auto? Y/N	Violations & Accidents Past 3 Years	Full or Part Time	Job Title/Duties

9. List ALL Family members and non-family members (except customers) and indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished:

Name	Date of Birth	Driver License Number	State of License	Will drive for or Work in business?	Furnished Auto? Y/N	Violations & Accidents Past 3 Years	Relationship

10. Have all members of your household been disclosed on this application?  Yes  No  
If no, please explain: \_\_\_\_\_

11. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application?  Yes  No

12. Prior Carrier and Loss History for 3 Years  No Known Losses  See Loss Runs

Current Carrier \_\_\_\_\_ Policy Year \_\_\_\_\_ Premium \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Year \_\_\_\_\_ Premium \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Year \_\_\_\_\_ Premium \_\_\_\_\_

Date of Loss	Amount	Description of Loss and Driver Name (if any)

**Sales Questions**

13. Who drives or transports vehicles to your lot?  Insured/Employees  Contract Drivers  Transporter
14. Do you drive or transport newly acquired autos more than 300 road miles (50 miles for KS, KY, NH, MD, ME or WV) from point of purchase to your lot?  Yes  No  
 If yes, how many trips per year? \_\_\_\_\_ and how far one-way for longest trip? \_\_\_\_\_ road miles.
15. How many vehicles do you sell per year? \_\_\_\_\_ How many of those are sold "sight unseen" over the internet? \_\_\_\_\_  
 How many vehicles do you sell per year on consignment? \_\_\_\_\_ (Attach Consignment Agreement)
16. Describe your theft barriers:  None  Natural  Fence & Gate  Post & Cable  In Building
17. Where are vehicle keys kept when the lot is closed?  Key Cabinet  Taken Home  In/On the Vehicle
18. How many dealer plates do you have? \_\_\_\_\_
19. Do you repossess vehicles?  Yes  No  
 If "Yes," explain: \_\_\_\_\_
20. Do you repair "salvage titled" vehicles prior to sale?  Yes  No  
 If "Yes," what percentages of repairs are:  
 Structural \_\_\_\_\_ % Mechanical \_\_\_\_\_ % Cosmetic \_\_\_\_\_ %
21. Do you always ride along on test drives?  Yes  No

**Service Questions**

22. What percentage of your work is?  
 \_\_\_\_\_ % Alignment \_\_\_\_\_ % Lift Kits \_\_\_\_\_ % Tires  
 \_\_\_\_\_ % Body (not fiberglass) \_\_\_\_\_ % Muffler \_\_\_\_\_ % Trailer Hitches  
 \_\_\_\_\_ % Fiberglass \_\_\_\_\_ % Oil & Lube \_\_\_\_\_ % Transmission  
 \_\_\_\_\_ % Paint \_\_\_\_\_ % Radiator \_\_\_\_\_ % Tune Up  
 \_\_\_\_\_ % Brakes \_\_\_\_\_ % Sound/Alarm System \_\_\_\_\_ % Upholstery  
 \_\_\_\_\_ % Custom/Fabrication (Describe Below) \_\_\_\_\_ % Wash/Detail  
 \_\_\_\_\_ % Engine Overhaul \_\_\_\_\_ % Suspension/Frame  
 \_\_\_\_\_ % Roadside Assistance (If contracted with "auto club" attach copy of contract)  
 \*Describe any other work done: \_\_\_\_\_
23. Do you sell gasoline or LPG?  Yes  No If "Yes," is it  Self-Service  Full Service  
 and how many gallons? Gasoline \_\_\_\_\_ LPG \_\_\_\_\_
24. Do you own/service any vehicles involved in racing or exhibition events?  Yes  No
25. If you paint, do you have a spray paint booth/room?  Yes  No  
 If "Yes," is booth/room ventilated?  Yes  No  
 If "Yes" is booth **UL** approved?  Yes  No
26. Do you tow for hire?  Yes  No  
 If "Yes," complete Tow Truck Operator Questionnaire.
27. If Tire Sales &/or Service (other than Motorcycle or Roadside Assistance) answer the following section:  
 What percentage of your work is: Service only, no sales \_\_\_\_\_%; New Tires \_\_\_\_\_%; Used Tires \_\_\_\_\_%; Specialty Tires \_\_\_\_\_%;  
 Off Road \_\_\_\_\_%; Racing \_\_\_\_\_%; Construction Equip \_\_\_\_\_%; Farm Equip \_\_\_\_\_%
- a. Describe in detail the tire service you provide: \_\_\_\_\_
- b. Do you sell new tires manufactured more than 3 years ago?  Yes  No
- c. When you sell less than a full set of 4 new tires do you always install them on the rear axle?  Yes  No
- d. Do you sell used tires manufactured more than 4 years ago, or with less than 4/32 of useable tread depth?  Yes  No
- e. Do you have a quality assurance program to prevent improper installation, faulty workmanship and mismatched tire sizes?  Yes  No
28. Describe your theft barriers:  None  Natural  Fence & Gate  Post & Cable  In Building
29. Where are vehicle keys kept when the shop is closed?  Key Cabinet  Taken Home  In/On the Vehicle

**COVERAGE REQUESTED**

Garage Liability Limit \$ \_\_\_\_\_ each accident, \$ \_\_\_\_\_ aggregate  
 Add Broadened Coverages-Garage  
 Additional Insured & Why  
 Add Liability for these Related (non garage) Operations \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
 Operations \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_ Operations \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_

Garagekeepers Limit \$ \_\_\_\_\_ per location Basis  Legal Liability or  Primary  
 SCL or  Comp \$ \_\_\_\_\_ deductible  Collision \$ \_\_\_\_\_ deductible  
 Value per Auto \$ \_\_\_\_\_  In-Transit Limit per auto \$ \_\_\_\_\_

Dealers Physical Damage Limit \$ \_\_\_\_\_ per location  
 SCL or  Comp \$ \_\_\_\_\_ deductible  Collision \$ \_\_\_\_\_ deductible  
 Value per Auto \$ \_\_\_\_\_  Drive-Away Road Miles \_\_\_\_\_  
 Type of vehicles:  New  Used  
 Interests Covered:  Owner  Owner and Creditor  Consignment  
 Loss Payee

Specifically Described Autos (use ACORD 127 for additional vehicles):

Auto No.	Year	Make	V.I.N.	Stated Amount

Auto No.	GVW	Use	Radius	Loss Payee

Medical Payments Limit \$ \_\_\_\_\_  Premises Only  Combined  
 Fire Legal Liability \$50,000 or \$ \_\_\_\_\_  
 Commercial Property (attach ACORD 140 **and** TRIA2002Notice)

AVAILABLE FOR DEALERS AND/OR SCHEDULED AUTOS ONLY:

Uninsured Motorist \$ \_\_\_\_\_ (Signed State form selecting or rejecting coverage is required)  
 Personal Injury Protection \$ \_\_\_\_\_ (Signed State form selecting or rejecting coverage is required)

Remarks: \_\_\_\_\_

\*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, 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 \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Date / /