

GARAGE APPLICATION

APPLICANT INFORMATION

Policy Period Requested: From: _____ To: _____
 Business Name: _____
 Mailing Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Phone: (____) _____
 Years in Business: _____ Years Sales/Repair Experience: _____
 Website: _____
 Business Entity: Sole Proprietorship Partnership Limited Partnership Corporation Other
 Describe your Operations: _____

LOCATIONS

| Locations where you conduct Garage Operations (Included Zip Code) |
|---|
| 1. |
| 2. |
| 3. |
| 4. |

UNDERWRITING INFORMATION

List of Drivers (must include all Owners, Employees, Family)

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

| No | Date of Birth | Driver License Number | DL State | CDL Y/N | Furnished Auto? Y/N | Past 3 Yrs. Number of Accidents Citations | | Job Description or Relationship |
|----|---------------|-----------------------|----------|---------|---------------------|---|--|---------------------------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

COVERAGE REQUESTED (Check Appropriate Boxes and Provide Requested Limits)

| Coverage | | Limits of Liability | | | |
|---|-----------------|---------------------|-----------------------------------|--|-------|
| <input type="checkbox"/> Liability – Garage Operations (Combined Single Limit) | Auto Only | \$ | Each Accident – Dealers Only | | |
| | Other Than Auto | \$ | Each Accident | Dealers and Non Dealers | |
| <input type="checkbox"/> Dealer <input type="checkbox"/> Non Dealer | | \$ | Aggregate | | |
| <input type="checkbox"/> Liability – Garage Operations (Split Limit – if coverage is available) | Each Person | \$ | Bodily Injury | | |
| | Each Accident | \$ | BI - Each Accident | Dealers and Non Dealers | |
| <input type="checkbox"/> Dealer <input type="checkbox"/> Non Dealer | | \$ | PD - Each Accident | | |
| <input type="checkbox"/> Property Damage Deductible | | \$ | | | |
| <input type="checkbox"/> Personal Injury Protection (if coverage is available) | | \$ | | | |
| <input type="checkbox"/> Medical Payments | | \$ | <input type="checkbox"/> Premises | <input type="checkbox"/> Premises and Auto | |
| <input type="checkbox"/> Uninsured Motorists | | \$ | | | |
| <input type="checkbox"/> Underinsured Motorists | | \$ | | | |
| <input type="checkbox"/> Fire Legal Liability | | \$ | | | |
| # of Dealer Plates: | Dealers | | Regular | Transporter | Other |

| Dealers Open Lot Physical Damage | | | | | | | |
|---|--|-------------------------------|---------|-------------------------------|------------------------|---------------------|---------------------------------|
| Coverage | | Number of Autos Held for Sale | | Enter Limit for Each Location | | Deductible Per Auto | Max Deductible for Any One Loss |
| | | Loc. | Maximum | Average | Max Value Any One Auto | | |
| <input type="checkbox"/> Specified Perils | | 1 | \$ | \$ | \$ | \$ | \$ |
| | | 2 | \$ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Comprehensive | | 3 | \$ | \$ | \$ | \$ | \$ |
| | | 4 | \$ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Collision | | \$ | | | \$ | \$ | Deductible: \$ |
| <input type="checkbox"/> Other Coverage Requested (Describe): | | | | | | | |

| Garagekeepers | | | | | | |
|--|--|------|--|------------|---------------------|----------------------------------|
| | | Loc. | Enter the Limit for Each Location Max. Value of all Autos in your C.C.C. | # of Autos | Deductible Per Auto | Max. Deductible For Any One Loss |
| | | | | | | |
| <input type="checkbox"/> Direct Basis | <input type="checkbox"/> Comprehensive | 2 | \$ | | \$ | \$ |
| <input type="checkbox"/> Primary | | 3 | \$ | | \$ | \$ |
| <input type="checkbox"/> Excess | | 4 | \$ | | \$ | \$ |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Collision | 1 | \$ | | \$ | \$ |
| <input type="checkbox"/> In Tow | | 2 | \$ | | \$ | \$ |
| | | 3 | \$ | | \$ | \$ |
| | | 4 | \$ | | \$ | \$ |
| <input type="checkbox"/> Other Coverage (Describe): | | | | | | |
| <input type="checkbox"/> Property and/or Personal Contents PLEASE ATTACH ACORD 140 SUPPLEMENTAL PROPERTY APPLICATION | | | | | | |

| Scheduled Autos | | | | |
|-----------------|------|------|--------|---------------|
| No. | Year | Make | V.I.N. | Stated Amount |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Continue completing for autos listed above

| No. | GVW | Use | Radius | Loss Payee/Additional Interests |
|-----|-----|-----|--------|---------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

ADDITIONAL LOSS PAYEES

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

SALES

| Vehicle Type | Sales | Repair | Total Gross Receipts From: | |
|--|-------|--------|----------------------------------|----|
| Private Passenger Autos (Including Pickups and Vans) | % | % | Sales and Repair | \$ |
| Motorcycles/Boats/Snowmobiles | % | % | | |
| Motor Homes/Utility Trailers/Campers | % | % | Tow Truck Operations | \$ |
| Truck Tractors/Trailers/Semi-Trailers/5 th Wheels | % | % | | |
| Farm Machinery/Contractors Equipment | % | % | Other than Sales, Repair and Tow | \$ |
| Other (Describe): | % | % | | |
| Total | 100% | 100% | | |
| Total Gross Receipts | \$ | \$ | | |

- Where do you purchase vehicles: _____
- How are the vehicles transported to your lot: _____
- How many times per year do you drive-away more than 300 miles from point of purchase: _____
- How many vehicles do you sell per year: _____ How many of those are on consignment: _____
- What is your normal radius of operation: _____ (miles)
- Describe your theft barriers (fence & gate, post & cable, or guard dogs): _____
- Where are the car keys kept: _____
- Do you repossess vehicles? Yes No
If "yes," explain _____
- Do you engage in any salvage or rebuilding of autos or sell "salvaged title" vehicles? Yes No
If "yes," what % of vehicles require structural repair _____%
- Do you always ride along on test drives? Yes No
- Are copies of customer's driver's license and insurance cards required for test drives? Yes No
- Do you sell, own, sponsor or repair any racing vehicles? Yes No
- Do you sell or service antique or classic cars? Yes No

SERVICE

What percentage of your work is:

| Service | % | Service | % | Service | % | Service | % |
|---------------|---|------------------|---|---------------|---|-------------------|---|
| Body/Paint: | | Muffler: | | Sound System: | | Window Tint: | |
| Tune Up: | | Radiator: | | Tires: | | Other (Describe): | |
| Transmission: | | Wheel Alignment: | | Upholstery: | | | |
| Brakes: | | Oil & Lube: | | Wash/Detail: | | | |

- Do you sell or store oil, gas, or other petroleum products? Yes No
If "yes," explain: _____
- Do you install trailer hitches? Yes No
- Do you perform any welding? Yes No
If "yes," explain: _____
- Do you conduct any spray painting operations? Yes No
If "yes," do you have an approved spray booth? Yes No
If "no," please explain: _____
- Do you modify vehicles for style, performance, or handling? Yes No

6. Do you recap tires or sell recapped tires? Yes No
7. Do you pick up or deliver automobiles? Yes No
 If "yes," indicate miles: 50 miles _____% 50-200 miles _____% over 200 miles _____%
8. Do you tow for hire? Yes No
 If "yes," please explain: _____
9. Do you rent or loan autos to your customers while their autos are being serviced or repaired? Yes No
10. Do you provide frame straightening services? Yes No
11. Describe lot security and control of customer's keys: _____

PRIOR CARRIERS

| | | | | | |
|------------------|--|----------------|--|----------|----|
| Current Carrier: | | Policy Period: | | Premium: | \$ |
| Prior Carrier: | | Policy Period: | | Premium: | \$ |
| Prior Carrier: | | Policy Period: | | Premium: | \$ |
| Prior Carrier: | | Policy Period: | | Premium: | \$ |

LOSS HISTORY (Please provide history for the last three years)

| Date of Loss | Amount | Description of Loss |
|--------------|--------|---------------------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

Remarks: _____

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I have completed and signed a state form selective or rejecting Uninsured Motorist Coverage.

Signature of Applicant _____ Date ____/____/____

Agency Name _____

Agent's Signature _____ Date ____/____/____