



## GARAGE APPLICATION

### APPLICANT INFORMATION

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

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

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

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

Years in Business \_\_\_\_\_ What is Your Experience in the Automotive Industry? \_\_\_\_\_

Business Entity:  Individual  Partnership  Corporation  LLC

### UNDERWRITING INFORMATION

1. Describe Your Operations \_\_\_\_\_

2. What percentage by type of vehicle do you sell or service?  
 a. Cars, sport utility, pickups, vans \_\_\_\_\_%  
 b. \*Recreational Vehicles \_\_\_\_\_%  
 c. Construction or Farming Equip. \_\_\_\_\_%  
 d. \*Commercial trucks & trailers \_\_\_\_\_%  
 e. \*Salvage parts \_\_\_\_\_%  
 \*complete supplemental Questionnaire

3. Locations where you conduct Garage Operations (include Zip Code)  
 1] \_\_\_\_\_ 2] \_\_\_\_\_  
 3] \_\_\_\_\_ 4] \_\_\_\_\_

4. What other businesses use your location(s)? \_\_\_\_\_

5. What is your website address? \_\_\_\_\_

6. List all owners, owner's spouses and all employees. Also list other family members who drive your vehicles. (Use another page if necessary):

Name	Date of Birth	Driver License Number	State of License	Commercial Drivers License? Yes or No	Auto furnished or available for regular Use? Yes or No	Job Description or Relationship

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

Current Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_

Date of Loss	Amount	Description of Loss

**Sales Questions**

- 8. Where do you purchase vehicles? \_\_\_\_\_
- 9. Who drives or transports vehicles to your lot? \_\_\_\_\_
- 10. If you drive or transport newly acquired autos more than 300 road miles from point of purchase to your lot, how often? \_\_\_\_\_ and how far in road miles? \_\_\_\_\_
- 11. How many vehicles do you sell per year? \_\_\_\_\_ How many of those are sold over eBay or similar internet site? \_\_\_\_\_  
How many vehicles do you sell per year on consignment? \_\_\_\_\_
- 12. What is your normal radius of operation? \_\_\_\_\_ miles.
- 13. Describe your theft barriers (fence & gate or post & cable): \_\_\_\_\_
- 14. Where are the car keys kept? \_\_\_\_\_
- 15. How many dealer plates do you have? \_\_\_\_\_
- 16. Do you repossess vehicles?  Yes  No  
If "Yes," explain: \_\_\_\_\_
- 17. Do you sell "salvage titled" vehicles?  Yes  No  
If "Yes," what percentage of vehicles require:  
structural repair: \_\_\_\_\_%      mechanical repair \_\_\_\_\_%      cosmetic repair \_\_\_\_\_%
- 18. Do you always ride along on test drives?  Yes  No

**Service Questions**

- 19. What percentage of your work is?  

Body/Paint _____%	Muffler _____%	Sound System _____%	Window Tint _____%
Tune Up _____%	Radiator _____%	Tires _____%	Other _____% Describe: _____
Transmission _____%	Alignment _____%	Upholstery _____%	_____
Brakes _____%	Oil & Lube _____%	Wash/Detail _____%	_____
- 20. Do you sell gasoline?  Yes  No  
 Do you sell LPG?  Yes  No  
 If "Yes," how many gallons? Gasoline \_\_\_\_\_ LPG \_\_\_\_\_
- 21. Do you install trailer hitches?  Yes  No
- 22. Do you have a spray paint booth?  Yes  No  
 If "Yes," is it **UL** approved?  Yes  No  
 Is it ventilated?  Yes  No
- 23. Do you recap tires or sell recapped tires?  Yes  No
- 24. Do you tow for hire?  Yes  No  
 If "Yes," complete Tow Truck Operator Questionnaire.
- 25. How many Transporter Plates do you have? \_\_\_\_\_ How often are they used? \_\_\_\_\_
- 26. Describe lot or building security: \_\_\_\_\_
- 27. Where are the customer's car keys kept? \_\_\_\_\_

**COVERAGE REQUESTED**

Garage Liability Limit \$\_\_\_\_\_ each accident, \$\_\_\_\_\_ aggregate  
 Add Broadened Coverages-Garage

Additional Insured & Why \_\_\_\_\_  
 \_\_\_\_\_

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

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 \$\_\_\_\_\_  Auto  Premises  Combined  
 Uninsured Motorist \$\_\_\_\_\_ (Signed State form selecting or rejecting coverage is required)  
 Personal Injury Protection \$\_\_\_\_\_ (Signed State form selecting or rejecting coverage is required)  
 Fire Legal Liability \$50,000 or \$\_\_\_\_\_  
 Commercial Property (attach ACORD 140)

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 \_\_\_\_/\_\_\_\_/\_\_\_\_