



GARAGE APPLICATION

Applicant Information

What policy effective date are you requesting? / /

What is your business trade name?

What is your Mailing Address (city, state, zip)?

Whom should we contact (name & phone number)?

How many years have you been in operation using the same trade name? (If less than 3 years, detail your prior experience and specialized training)

What is your business structure? Individual Partnership Corporation LLC

What is your Website address?

General Information

What do you do?

What are your estimated annual sales/receipts? \$

What types of motor vehicles do you service, repair or sell? private passenger motorhome
 motorcycle utility trailer commercial truck commercial trailer other (describe)

What parts and accessories do you sell over the counter? used parts exterior/interior trim apparel
 What are your estimated annual over the counter sales \$

What type of establishments do you provide valet parking for? restaurant bar club resort
 other (describe) What are your security practices? 3 part ticket key cabinet protected lot

What locations do you do garage business at? (address, city, state, zip)

- 1.
- 2.
- 3.
- 4.

Who works in your business or is furnished an auto you own?

Name	Birth date	License #	CDL	State	Position	Furnished	Part-time
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the name of the insurance company that has provided coverage for you the last 3 years?

1. This Year
2. Last Year
3. Before that

What insurance claims did you file during the same 3 year period?

See Table Below No known Losses Loss History attached

Date of Claim	What caused the loss?	Amount Paid
		\$
		\$
		\$

Service or Repair Questions

What percentage of your work is?

Service/Repair in your shop % Service/Repair at customer's location %
 Body/Paint % (Paint Booth Yes No) Brakes, Transmission or Suspension %
 Electrical % Mechanical % Muffler/Radiator % Oil Change %
 Roadside Assistance % Safety Inspection % Tires/Wheels % (complete
 Tire supplement)
 Tune Up % Wash/Detail % Other (describe) %

Where do you store customer's vehicles? In Building In Fenced Area In Open Lot

Where do you store keys to customer's vehicles? In key cabinet In/On the Vehicle
 Other (describe)

Do you tow for hire? Yes No

How many Repairer/Transporter Plates do you have?

Dealer Sales Questions

How many vehicles do you sell annually? # What is the number of vehicles held for sale?
 Average # Maximum # How many are sold on internet auction sites? #
 How many sold on consignment? #

Do you always ride with prospective buyers on test drives? Yes No

Do you sell "salvage titled" vehicles? Yes No If yes, how much structural repair done? %

Where do you store owned/consigned vehicles? In Building In Fenced Lot In Open Lot

Where do you store keys to owned/consigned vehicles? In key cabinet In/On the Vehicle
 Other (describe)

Do you repossess vehicles financed by your dealership? Yes No

How many Dealer Plates do you have?

Coverage Requested

Garage Liability Limit \$ _____ each accident, \$ _____ aggregate with Deductible \$ _____ (includes Broadened Coverage for Garages)

Additional Insured Landlord Designated Other (describe) _____ (provide name and address here)

Dealers Errors & Omissions \$50,000

Garagekeepers Legal Liability or Primary with Limit per Location

- 1.
- 2.
- 3.
- 4.

Coverage and Deductible

Specified Causes of Loss & Collision with Deductible \$ _____ per unit

Comprehensive & Collision with Deductible \$ _____ per unit

Dealers Physical Damage with Limit per Location

- 1.
- 2.
- 3.
- 4.

Coverage and Deductible

Specified Causes of Loss & Collision with Deductible \$ _____ per unit

Comprehensive & Collision with Deductible \$ _____ per unit

False Pretense \$25,000

Increase Drive-Away Collision from 50 road miles to _____ road miles

Interests Covered Yours Yours & Creditors Consigned

Loss Payee

Scheduled Vehicles

Year	Make/Model	V.I.N.	Stated Amount
			\$
			\$
			\$
			\$

Weight	Use	Radius	Loss Payee

Coverage Requested (continued)

Medical Payments Premises or Premises & Auto with Limit \$

For Dealers and Scheduled Vehicles (use State specific ACORD 138; signed copy required to Bind)

Uninsured Motorist Limit \$

Underinsured Motorist Limit \$

Personal Injury Protection \$

PRIVACY NOTICE

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY USOR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

MISREPRESENTATION, CONCEALMENT AND FRAUD

*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 MATERIAL FACT 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

Signature of Agent _____ Date / /