

## Garage Application

Agency UW Name:			
Mailing Address:	City:	St:	Zip:
Retail Agency:			
Applicant's Name:			
Mailing Address:	City:	St:	Zip:
Contact Name:	Contact Phone Number:		
Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Years in Business:	Years of Experience:	Has applicant filed for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Effective Date:	Expiration Date:	Website Address:	

Description of Operations:

Location Address:	1.
	2.
	3.

Do you engage in other operations? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", provide details:
Do you structurally alter or convert vehicles from their original design? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", provide details:
Do you repossess vehicles for yourself or others? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", provide details:
Do you allow customers in the work area? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", provide details:
Do you pick up or deliver customer vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", provide details:
Do you have any written contracts with any of your customers? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", provide details:

### Types Of Vehicles:

Sales	Repair	Vehicle Type
%	%	Private Passenger Autos, Pickups, Vans, SUV's (new)
%	%	Private Passenger Autos, Pickups, Vans, SUV's (new)
%	%	Antique or Classic Autos
%	%	RVs, Motor Homes, Campers (Include Required Supplement)
%	%	Heavy Trucks/Semi Trailers (Include Required Supplement)
%	%	Motorcycles/ATV's/Scooters (Include Required Supplement)
%	%	Boats
%	%	Jet Skis
%	%	Golf Carts
%	%	Mobile Homes
%	%	Contractor's Equipment
%	%	Farm Equipment - My Farm Implements? Yes <input type="checkbox"/> No <input type="checkbox"/>
%	%	Emergency Vehicles List Type
%	%	Kit Cars
%	%	Buses List Type
%	%	Trailers - Other than Semi, list type- (i.e. horse, utility, etc.)
%	%	Other Explain
%	%	Totals

**Dealer Operations**

Provide breakdown of operations:	Consigned Auto Sales	%	Wholesale Auto Sales	%	Retail Auto Sales	%
Owned Autos Left at Auction	%	Other - Describe:				
Maximum Radius of Pickup and Delivery: <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1000 Miles <input type="checkbox"/> Over 1000 Miles						
Are all test drives accompanied by the named insured or an employee: Yes <input type="checkbox"/> No <input type="checkbox"/>						

**Non-Dealer Operations**

Airbag Installation, Service or Repair	%	Gasoline station - Self Service	%
Alarm, Stereo or Navigational System	%	Impound Yards	%
Auto Dismantling	%	Lifting / Lowering Kits	%
Auto Maintenance & Repair, Incl. Bedliner	%	Mobile Auto Repair	%
Auto Painting w/ UL approved spray booth	%	Oil/lube Service	%
Auto Painting w/o UL approved spray booth	%	Parking Lots & Garages	%
Auto Parts (uninstalled)	%	(self park) Performance	%
Receipts \$	%	Enhancements	%
Body Shop	%	Tire Dealers - New	%
Butane, Propane or other Liquefied Gas Sales	%	Tire Dealers - Used / Retreads	%
Car Wash - Full Service	%	Trailer Hitch Installation or Repair	%
Convenience Store	%	Upholstery	%
Receipts \$	%	Valet Parking	%
Detailing	%	Van Conversion	%
Driveway Contractor or Wrecker Service	%	Window Tinting	%
Frame or Unibody Straightening	%	Windshield Installation/Repair	%
Gasoline Station - Full Service	%	Wrecker Service	%
Other:	%		

**Vehicle Storage & Values**

Owned Autos / DOL		Non-Owned Autos / GKLL	
Lot Protection (See definition below)		Lot Protection (See definition below)	
Standard Lot* <input type="checkbox"/>	Building <input type="checkbox"/>	Standard Lot* <input type="checkbox"/>	Building <input type="checkbox"/>
Non-Standard Lot** <input type="checkbox"/>	Unprotected Lot*** <input type="checkbox"/>	Non-Standard Lot** <input type="checkbox"/>	Unprotected Lot*** <input type="checkbox"/>
Maximum Value of any one Auto: \$		Maximum Value of any one Auto: \$	
Maximum Number of Autos: \$		Maximum Number of Autos: \$	
<p>* Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended.</p> <p>** Non-Standard Lot: Any other type of protection or fencing.</p> <p>*** Unprotected Lot All others</p>			

**Drivers List**

Employee | Non-Employee Schedule - (Include ALL Owners, spouses, employees & non-employees)

	Name	DOB	Lic.#	ST	# Violations & Accidents - last 3 years		Job Description or Relationship	Furnished Auto	Exclude?	Hours Worked
					Citations	Accidents				
1.								Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
2.								Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
3.								Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
4.								Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
5.								Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
6.								Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
7.								Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
8.								Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
9.								Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
10.								Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	

11.										Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
12.										Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
13.										Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
14.										Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
15.										Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

**Specifically Described Autos**

	Year	Make	VIN	Titled in Bus Name?	Used for Towing?
1.					
2.					
3.					
4.					
5.					

  

	GVW	Use	Radius	Loss Payee	"X" Coverage Desired				
					Liab.	Comp/Coll	UM	PIP	ACV
1.									
2.									
3.									
4.									
5.									

**Coverage Requested**

Garage Liability \$	Each Accident	Aggregate \$	Deductible \$
Garage keepers \$	Limit Per Location	Limit Per Auto \$	Deductible \$
Coverage: <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary <input type="checkbox"/> Specified Causes of Loss <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision			
In Tow \$	Limit Per Auto	# of Tow Trucks	
Dealers Open Lot \$	Limit Per Location	Limit Per Auto \$	Deductible \$
Coverage: <input type="checkbox"/> Specified Causes of Loss <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision <input type="checkbox"/> False Pretense			
Medical Payments \$	Auto	Garage Operations \$	
Uninsured / Underinsured Motorists \$		Limit Per Accident	# Dealer Tags
Personal Injury Protection \$		Per Statute	# Dealer Tags
<input type="checkbox"/> Broadened Coverages - Garage (Includes Personal Injury and \$50,000 fire legal)			
<input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Fire Legal <input type="checkbox"/> Hired Auto			
<input type="checkbox"/> Additional Insured	Name		
	Address		
	Insurable Interest		
<input type="checkbox"/> Waiver of Subrogation (for owner of premises)			
Errors & Omissions: <input type="checkbox"/> Title E&O <input type="checkbox"/> Odometer E&O <input type="checkbox"/> Truth in Lending E&O			Limits \$

**Prior Carrier | Loss History ( 3 Years )**

Check here if no prior claims or losses  Currently valued loss summary attached

Prior Carrier	Policy Term	Date of Loss	Description of loss	Amount Paid	Amount Reserved	Policy Premium

APPLICANT'S SIGNATURE:	DATE:
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PRODUCER'S SIGNATURE:	DATE:
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