

Garage Application

Please be sure to respond to all questions - incomplete responses could cause delays

Proposed Effective Date: _____

Date Quote Needed: _____

Submitted by: _____

Agency: _____

Phone: _____

Email: _____

1) Applicant Information

Business Name: _____ DBA: _____

Owner (include all): _____

Business entity: Individual Corporation Partnership Limited Liability Corp Other: _____

Mailing Address: _____

Inspection Contact Name & Phone Number: _____

Website: _____ Dealer ID #: _____

Years in business: _____ Years of experience: _____ FEIN: _____

*If less than three (3) years of experience, explain in detail prior experience and any specialized training or certification:

Briefly describe operations: _____

2) Locations (Physical Street Address, City, State, Zip)

Operations at Location

#1 _____

#2 _____

#3 _____

3) Prior Carrier and Loss History

No Prior Coverage

Current carrier: _____

Policy dates: _____

Premium: _____

Prior carrier: _____

Policy dates: _____

Premium: _____

Prior carrier: _____

Policy dates: _____

Premium: _____

Date of Loss	Amount Paid/Reserve	Description including driver	Open or Closed

Attach loss runs for last three years.

If no prior losses, check here.

Have you had insurance for this type of operation cancelled, declined or non-renewed in the past three years? Yes No

If yes, explain: _____

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4) Security, Protection and Operations

- a) Are any animals maintained on premises? Yes No
 1) If yes, describe type/breed of animals: _____
- b) Do you have serviced and charged fire extinguishers on site? Yes No
- c) Do you leave keys in vehicles? Yes No
- d) Are keys kept in a secure location with no access by unauthorized persons? Yes No
- e) Are autos stored on premises after normal business hours? Yes No
- f) Do you ever park your owned vehicles or a customer's vehicle on the street? Yes No
- g) Are signs posted to keep customers from work area? Yes No
- h) Is any work performed off-premises (i.e., roadside or customer's location)? Yes No
 1) If yes, what percentage of operations are mobile? _____%

i) Describe your *vehicle* theft barriers/storage:

Loc #	None	Fence & Gate	Post & Cable	In Building	Other-Describe
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5) Owners, Employee and Non-Employee Information

**** ALL owners, employees, drivers, helpers, and 1099's employees MUST be listed regardless of driving status ****

Loc #	Name (First, Last)	DL #	ST	DOB	Violations/Accidents Prior Three Years Please Describe	CDL		Full time or Part time? FT/PT	Job Duties	Auto Use A,B,C	PAP In Place?	
						Y	N				Y	N

HOURS WORKED: FT = Full-time (over 20 hrs/week) PT = Part-time (20 or less hrs/week) N = Non-employee - on payroll	AUTO USAGE: A = Furnished a covered auto for personal use B = Uses a covered auto strictly for business use C = Excluded Driver	PAP = Personal Auto Policy **IF MORE SPACE NEEDED, SEE SUPPLEMENTAL
JOB DUTIES: 1. Active owner, partner, or officer 2. Inactive owner, partner or officer 3. Lot person 4. Salesperson	5. Mechanic 6. Clerical 7. Spouse of owner, partner or officer 8. Children of owner, partner or officer	9. Spouse of any other person furnished an auto 10. Children of any other person furnished an auto 11. Occasional or contract driver 12. Other (please detail): _____

6) Annual Receipts

Uninstalled Parts Sales \$ _____	Gasoline Sales Self Service \$ _____	Self Park Sales \$ _____
Accessory Sales (not installed) \$ _____	Gasoline - # Gallons sold _____	Tire Sales – New \$ _____
Car Wash Sales \$ _____	LPG/Propane Butane Sales \$ _____	Tire Sales - Used \$ _____
Clothing Sales \$ _____	Machine Shops \$ _____	Tire Sales (not installed) \$ _____
Concessionaires \$ _____	Manufacturing/Fabrication \$ _____	Vehicle Sales \$ _____
Convenience Store Sales \$ _____	Repair \$ _____	Welding \$ _____
Gasoline Sales Full Service \$ _____	Salvage parts \$ _____	Other \$ _____

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7) Description of General Operations

- a) Do you lease or rent vehicles to others? Yes No
1) Do you have coverage elsewhere for this operation/exposure? Yes No
- b) Do you provide/offer autos loaned to customers? (**Does not apply to test drives**) Yes No
1) Is there a contract agreement? Yes No
2) Do you get a copy of the driver's license? Yes No
3) Do you verify that the customer has auto insurance? Yes No
4) What is the minimum age? _____
- c) Do you own, work on, sponsor or advertise any vehicles used in racing events? Yes No
If yes, provide details: _____
- d) Do you have an ownership interest in or operate any other business? Yes No
1) If yes, provide business name and physical address: _____
2) Describe the operation of the business _____
3) What is the relationship between the business in question a) and the business we are being asked to insure?

- e) Do you rent space at this location to another business? Yes No
1) If yes, what is the nature of that business? _____
2) Do renters carry their own insurance? Yes No
- f) Do you store all paints and solvents in a fire resistive cabinet outside the paint booth/room? Yes No
- g) Any firearms on premises? Yes No
- h) Do you use any subcontractors? Yes No
If yes, do you obtain certificates of insurance? Yes No
- i) Do you tow for hire? (If yes, complete Tow Truck Questionnaire) Yes No
- j) Do you hold FMSCA permit or DOT registration? Yes No
If yes, provide: US DOT # _____ MC# _____
- k) Do you have Transporter or Repairer Plates (Non-dealer)? Yes No
If yes:
1) How many do you have? _____
2) How are they used? _____
3) List plate numbers: _____
- l) Do you drive customers' vehicles for purpose of pick up and/or delivery? Yes No
If yes, what radius? _____ How many times per week? _____
- m) Do you allow customers to drive vehicles into the service bay? Yes No

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8) Description of Service/Repair Operations

a) Indicate percentage of the following types of autos repaired (MUST equal 100%):

Autos – (Private Passenger- Cars, SUV’s, Pick-ups and Vans)	_____	%
Antique/Classic autos	_____	%
Boats (incl jet skis)	_____	%
Buses	**supplement required**	_____ %
Bucket/cranes/scissor lifts	**supplement required**	_____ %
Electric Vehicles		_____ %
Emergency Vehicles	**supplement required**	_____ %
Equipment (farm, contractors, construction, etc.)	**supplement required**	_____ %
Golf carts		_____ %
Heavy truck (over 20,000 GVW)	**supplement required**	_____ %
Mobility Vans	**supplement required**	_____ %
Motorcycles, ATVs, Scooters, Snowmobiles	**supplement required**	_____ %
Recreational vehicles, motorhomes, campers	** supplement required**	_____ %
Salvage-titled autos		_____ %
Semi-Trailers	**supplement required**	_____ %
Utility or livestock trailers	**supplement required**	_____ %
Other:		_____ %

b) Please Indicate percentage of repair/service work performed (MUST equal 100%):

Airbag Service or Installation	_____ %	Lift Kits (Describe**)	_____ %
Auto Maintenance and/or Repair	_____ %	Mobile tire repair	_____ %
Auto, stereo, or navigation system	_____ %	Oil/Lube service	_____ %
Auto dismantling/salvage	_____ %	Parking Lots/garages (self-park)	_____ %
Auto painting with UL approved spray booth	_____ %	Rim sales/repair	_____ %
Auto painting without UL approved spray booth	_____ %	Roadside assistance	_____ %
Body Shop *see below for paint booth requirements*	_____ %	Storage Facilities (long term)	_____ %
Brakes	_____ %	Tire sales/repair **supplemental required**	_____ %
Breathalyzer/ignition interlock	_____ %	Towing service **supplemental required**	_____ %
Car wash (full service)	_____ %	Trailer hitch installation or repair	_____ %
Detailer	_____ %	Transmission	_____ %
Electric Vehicle Battery repair/replacement	_____ %	Upholstery	_____ %
Fabrication (Describe**)	_____ %	Valet Parking **supplemental required**	_____ %
Frame or unibody straightening (Describe**)	_____ %	Van conversion **supplemental required**	_____ %
Fuel Conversion **supplemental required**	_____ %	Welding (Describe**)	_____ %
Handicap vehicle modification **supplemental required**	_____ %	Windshield installation/repair/tint	_____ %
High performance/Performance Enhancement	_____ %	Other (Describe**) _____	_____ %
Impound yards	_____ %	Total (Must equal 100%)	_____ %

*If auto painting without an UL approved spray paint booth:

- 1) Do you have a paint booth/separate room? Yes No
- 2) Is there adequate ventilation? Yes No
- 3) Is there explosion proof lighting? Yes No

****Describe:**

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Description of Service/Repair Operations (cont'd)

- c) Are you an auto rebuilder? Yes No
- d) Do you sell Liquefied Petroleum Gas (LPG), Butane, or Propane? Yes No
 If yes, is the storage tank protected by collision barriers? Yes No
 Are "No Smoking" signs posted? Yes No
 Do only qualified operators fill customer's tanks? Yes No
 How many feet separate storage tank from adjacent buildings/vehicles? _____
- e) If you install lift kits, do you lift over 6 inches? Yes No
 If yes, confirm the maximum lift installed: _____
 Describe your training/experience: _____
- f) Do you sell or install mobility equipment (power chairs or other durable medical equipment) Yes No
 If yes, is this exposure covered elsewhere? Yes No
- g) Do you cut or weld frames? Yes No
If yes, describe what is welded: _____
- h) Please complete the following Tire section:
- 1) Do you sell Tires: Yes No
 - 2) Do you service Tires: Yes No
 - 3) What percentage of Tires sold are: New Tires ____% Used Tires ____% Recap Tires ____%
 - 4) What tire work do you perform? (Check all that apply)
 Fixing Flats Tire Rotation Tire Siping Comp Cutting Other _____
 - 5) What percentage of your work is: Specialty Tires ____% Off Road ____% Racing ____% Const/Farm Equip ____%
 - 6) Do you perform quality control to verify proper installation, tightened lug nuts and matched tire size? Yes No
 - 7) Do you sell new tires manufactured more than 3 years ago? Yes No
 - 8) For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? Yes No
 - 9) Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? Yes No
 - 10) If you sell tires, what method do you use to mark them? _____

9) Description of Dealer Operations

a) Indicate percentage of the following types of autos sold:

Autos – (Private Passenger- Cars, SUV's, Pick-ups and Vans)	_____	%
Antique/Classic autos	_____	%
Boats (incl jet skis)	_____	%
Buses	**supplement required**	_____
Bucket trucks/cranes/scissor lifts	**supplement required**	_____
Electric Vehicles	_____	%
Emergency Vehicles	**supplement required**	_____
Equipment (farm, contractors, construction, etc.)	**supplement required**	_____
Golf carts	_____	%
Heavy truck (over 20,000 GVW)	**supplement required**	_____
Mobility Vans	**supplement required**	_____
Motorcycles, ATVs, Scooters, Snowmobiles	**supplement required**	_____
Recreational vehicles, motorhomes, campers	** supplement required**	_____
Salvage-titled autos	_____	%
Semi-Trailers	**supplement required**	_____
Utility or livestock trailers	**supplement required**	_____
Other:	_____	%

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Description of Dealer Operations (cont'd)

b) Nature of Auto Sales Operation:

Retail _____% Wholesale/Broker/Internet* _____% Consignment** _____% Export _____% Import _____% Auction* _____%

*Supplemental application required **Copy of Consignment Contract Required

c) Do you have a dealer's license? Yes No

d) In which state(s) are you licensed? _____

e) What is the total number of plates issued in association with your dealer's license? _____

How many plates in each category: Autos _____ Boats _____ Motorcycles _____ Trailers _____

f) Do you Lease, Rent, Loan or Sell plates to others Yes No

g) Do you repossess the vehicles you sell yourself? Yes No

h) State filings required? Yes No

i) Do you confirm that the purchaser has insurance? Yes No

j) Do you allow overnight test drives? Yes No

k) Do you ever allow unaccompanied test drives? Yes No

If yes, do you obtain a copy of customer's license and proof of insurance? Yes No

l) Do you offer buy here/pay here options? Yes No

m) When do you transfer title?

Buy here/pay here – at beginning of finance period Cash and carry - immediately

Buy here/pay here – at end of finance period 3rd party finance - immediately

n) What radius do you drive to transport vehicles to your location? _____ miles

o) How many vehicles do you sell per year? _____

How many "sight unseen" over the internet? _____ (Customer does not come to the lot)

If over 15% total, provide website address: _____

How many vehicles do you sell per year on consignment? _____ (Provide copy of consignment agreement)

How many salvaged/rebuilt/junk/reconstructed titled vehicles do you sell per year?

p) Do you drive vehicles to customers after the sale is complete? Yes No

If yes, how many trips per year? _____ How far one-way for longest trip? _____

q) If you repair salvage title vehicles prior to sale, are repairs:

Structural _____% Mechanical _____% Cosmetic _____%

r) Who drives/transporters vehicles to your lot? ___ Insured/Employees ___ Contract Drivers ___ Transporter

1. If transporters are utilized, do you verify they have coverage in place? Yes No

2. If contract drivers are utilized, do you verify they have coverage in place? Yes No

o If no, are they listed in item 5 above? Yes No

s) Do you conduct operations in New York or New Jersey? Yes No

1. If applicable, list all states where you conduct business or have a driving exposure:

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10) Coverages and Limits (required to quote)

Liability Limits: \$_____ each accident \$_____ aggregate
 Deductible \$_____

Dealers Physical Damage Comprehensive OR Specified Causes of Loss Collision
 Deductible \$_____

Flood Required/Requested Wind/Hail Included Wind/Hail Excluded

Loss Payee name and address: _____

If Dealers Physical Damage coverage is selected, please complete the following chart:

*****100% COINSURANCE CLAUSE APPLIES TO THIS COVERAGE*****

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit (\$)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Garagekeepers Legal Liability Direct Primary
 Comprehensive OR Specified Causes of Loss Collision
 Deductible \$_____

If Garagekeepers coverage is selected, please complete the following chart:

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit (\$)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Medical Payments \$_____ Auto \$_____ Garage Premises
 Uninsured Motorists \$_____ (each accident) _____ Number of Dealer Tags
 Personal Injury Protection _____ per statute (not available in every state)
 Broadened Coverage (includes personal injury & \$100,000 Damage to Rented Premises)
 Damage to Rented Premises Limit _____
 Personal Injury Liability & Advertising Limit _____

Additional Insured 1
 Name: _____
 Address: _____
 Insurable Interest (*Required*): _____
 Primary/Non-Contributory* Waiver of Subrogation*

Additional Insured 2
 Name: _____
 Address: _____
 Insurable Interest (*Required*): _____
 Primary/Non-Contributory* Waiver of Subrogation*

** A written contract may be required

Other available coverages:

- Agents E&O
- Fire Legal Liability _____
- Broad Form Products
- Truth in Lending E&O
- Drive other Car-# of indiv _____
- False Pretense
- Odometer E&O
- Hired Auto – Cost of Hire \$_____
- Title E&O
- On Hook/In Transit \$_____

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General Fraud Statement

(not applicable in states mentioned below where a specific warning applies)

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 hereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

AR, LA, NM, RI, WV: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and imprisonment.

CALIFORNIA FRAUD STATEMENT: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NY: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000.00) and the value of the subject motor vehicle or stated claim for each violation.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing any false or deceptive statement is guilty of insurance fraud.

OK: WARNING. Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA: 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

MN, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Other States: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant Signature **Required for Binding**

Date

Applicant Printed Name

Agent Signature Required for Binding

Date

Agent Printed Name

License Number in Home State of Risk: _____

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