

Garage Application

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

Proposed Effective Date _____ Agency / Contact: _____
 Phone # / Email: _____
 Agency Address: _____

1. Applicant Information

Business Name including 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:

 Business Description: _____

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

Operations at Location

#1 _____
 Vehicle theft barriers/storage: Unprotected Post & Cable Fence/Gate (min 6ft high) Building

#2 _____
 Vehicle theft barriers/storage: Unprotected Post & Cable Fence/Gate (min 6ft high) Building

#3 _____
 Vehicle theft barriers/storage: Unprotected Post & Cable Fence/Gate (min 6ft high) Building

#4 _____
 Vehicle theft barriers/storage: Unprotected Post & Cable Fence/Gate (min 6ft high) Building

3. Prior Carrier and Loss History

No Prior Coverage

Target Premium: _____

Current Carrier: _____ Policy dates: _____ Premium: _____
 Prior Carrier: _____ Policy dates: _____ Premium: _____
 Prior Carrier: _____ Policy dates: _____ Premium: _____

Date of Loss	Amount Paid/Reserve	Description, including driver if applicable	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: _____

6. Description of General Operations

- a) Do you own, work on, sponsor or advertise any vehicles used in racing events? Yes No
 If yes: 1) Provide details: _____
- b) Do you lease or rent vehicles to others? Yes No
 If yes: 1) Do you have coverage elsewhere for this operation/exposure? Yes No
- c) Do you provide/offer loaner autos? (does not apply to test drives) Yes No
 If yes: 1) Who do you loan autos to? (select all that apply): Your customers General public
 2) Is there a contract agreement (please provide a copy) Yes No
 3) Do you get a copy of the customer's driver's license? Yes No
 4) Do you verify that the customer has auto insurance? Yes No
 5) What is the minimum age? _____
- d) Do you have ownership interest in or operate any other business? Yes No
 If yes: 1) Provide the business name and physical address: _____
 2) Describe the operation of business: _____
 3) Do you share any employees between the businesses (not owners)? Yes No
 4) Is liability coverage in place for this business/operation? Yes No
 5) What is the relationship between this business and the business we are being asked to provide coverage for?

- e) Do you rent or lease space at this location to another business? Yes No
 If yes: 1) What is the nature of that business? _____
 2) Do renters carry their own insurance? Yes No 3) Area of leased space _____ sq ft
- f) Do you use any subcontractors? Yes No
 If yes: 1) Do you obtain certificates of insurance? Yes No
 2) Provide details of subcontracted work: _____
- g) Do you tow for hire? (if yes, complete tow truck questionnaire) Yes No
- h) Are state filings required? If yes, describe: _____ Yes No
- i) Do you hold FMSCA permit or DOT registration? Yes No
 If yes: 1) Provide US DOT # _____ 2) Provide MC # _____
- j) Do you have registration, transport or repair plates (not dealer plates) that aren't issued for a specific auto? Yes No
 If yes: 1) How many do you have? _____ 2) List plate numbers: _____
 3) What are they used for? _____
- k) Do you drive customers' vehicles for purpose of pick-up and delivery? Yes No
 If yes: 1) What's the max radius? _____ miles 2) How many times per week? _____
 Vehicles you are servicing/repairing Vehicles you have sold
 3) Select all that apply: Other: _____
- l) If operations are conducted from a residence, do you have a homeowner's/renter's policy in place? Yes No N/A
- m) Do you provide electric vehicle charging stations for your customers at any location? Yes No

7. Annual Receipts

Accessory Sales (not installed) _____	LPG/Propane/Butane Gallons _____	Salvage Parts _____
Car Wash Sales _____	Lessors Risk (total area) _____	Self-Park Sales _____
Clothing Sales _____	Machine Shops _____	Tire Sales (installed) _____
Concessionaires _____	Manufacturing/Fabrication _____	Tire Sales (not installed) _____
Convenience Store Sales _____	Part Sales (not installed) _____	Vehicle Sales _____
Gasoline Full-Service Gallons _____	Repair _____	Welding _____
Gasoline Self-Serve Gallons _____	Other - Describe: _____	

8. Description of Service/Repair Operations

N/A, no service/repair operations performed (skip pg 4 & pg 5)

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

*Separate supplement required

Autos (Private Passenger / SUVs / Pick-ups / Vans)	%	Golf Carts*	%
Autos (Salvage-Titled)	%	Heavy Trucks (over 26,000 GVW)*	%
Antique / Classic / Vintage Autos	%	Logging Trucks/Equipment*	%
Boats / Jet-Skis / Watercraft*	%	Mobility Vans*	%
Buses*	%	Motorcycles*	%
Boom / Bucket Trucks / Cranes / Scissor Lifts*	%	Off-Road Autos (ATVs, UTVs, Snowmobiles)*	%
Electric Vehicles	%	Recreational Vehicles, Motorhomes, Campers*	%
Emergency Vehicles*	%	Semi-Trailers*	%
Equipment (Farm/Contractors/Construction)*	%	Utility/Livestock Trailers	%
Forklifts*	%	Other: _____	%

b) Indicate percentage of repair/service work performed:

(The combined total % of all repair/service charts for this policy -including the below- **MUST =100%**)

Airbag Service or Installation	%	High Performance Enhancements (Describe)	%
Alarm, Stereo or Navigation System	%	Hydraulic System (Describe)	%
Assembly (Describe)	%	Impound Yard	%
Auto Dismantling / Salvage Yard*	%	Lift Kits (See question 8h)	%
Auto Maintenance & Repair	%	Oil/Lube Service	%
Auto Wrapping	%	Painting	%
Bedliner Installation	%	Parking Lot / Garage (Self Park)	%
Body Shop	%	Rim Sales / Repair*	%
Brakes	%	Roadside Assistance	%
Breathalyzer / Ignition Interlock	%	Storage Facilities (Long Term)	%
Car Wash (Full Service)	%	Tire Sales / Repair*	%
Detailer	%	Towing Service / Wrecker*	%
Driver Assist Technology (Describe)	%	Trailer Hitch Installation / Repair	%
Electric Vehicle Battery Repair / Replacement	%	Transmission	%
Electrical / Wiring	%	Upholstery	%
Fabrication / Manufacturing (Describe)	%	Valet Parking*	%
Fiberglass	%	Van Conversion*	%
Frame Repair / Straightening (Describe)	%	Welding (Describe)	%
Fuel Conversion*	%	Windshield Installation / Repair / Tint	%
Handicap Vehicle Modification*	%	Other: _____	%

See attached separate supplement(s) for the remaining % of types of repair/service work performed, to total 100%

⌘ Auto Maintenance & Repair contemplates: Alignment, AC/Cooling System Repair, Battery Repair/Replacement, Engine Repair, Ignition Repair, Muffler/Exhaust Repair, Smog, Steering, Suspension Repair (NOT Lift Kits), and Tune-Ups

❖ IF any auto painting exposure is present (skip the below if there is no painting):

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

Describe: _____

8. Description of Service/Repair Operations (continued)

- c) Are signs posted to keep customers from the work area? Yes No
- d) Do you allow customers to drive vehicles into the service bay? Yes No
 If yes: 1) Are customers permitted to exit their vehicles? Yes No
 2) Describe any type of supervision during this process: _____
- e) Do you store all flammable materials in a fire resistive cabinet? Yes No N/A
- f) Are you an auto rebuilder? Yes No
- g) Do you sell Liquefied Petroleum Gas (LPG), Butane or Propane? Yes No
 If yes: 1) Select all that apply: Sale of pre-filled cannisters Filling customers' tanks
 2) Are "No Smoking" signs posted? Yes No
 3) Do you abide by the NFPA 58- Liquefied Petroleum Gas Code? Yes No
 4) Do only qualified operators fill customers' tanks? Yes No N/A
 5) Is the storage tank protected by collision barriers? Yes No N/A
 6) How many feet separate storage tank from adjacent buildings/vehicles? _____ feet N/A
- h) If you install lift kits, do you lift over 6 inches? Yes No N/A
 If yes: 1) Confirm the maximum height lift installed: _____ inches
 2) Describe your training/experience: _____
- i) Do you sell, install or repair/service mobility equipment (power chairs or other durable medical equipment)? Yes No
 If yes: 1) Is this exposure covered elsewhere? Yes No
- j) Do you weld frames? If yes, explain: _____ Yes No
- k) Do you cut frames? If yes, explain: _____ Yes No
- l) Do you cut or weld between axles? If yes, explain: _____ Yes No
- m) Are jacks or auto lifts located outside and/or in an unprotected area during non-business hours? Yes No
- n) Do you sell tires? Yes No
 If yes: 1) What percentage of tires sold are: New Tires _____ % Used Tires _____ %
 Recap/Retread Tires _____ % Racing Tires _____ %
 2) Do you sell new tires manufactured more than 3 years ago? Yes No
 3) For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? Yes No
 4) Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? Yes No
 5) What method do you use to mark the used tires that you sell? _____
- o) Do you service or install tires? Yes No
 If yes: 1) What tire work do you perform? (check all that apply) Fixing Flats Tire Rotation Tire Siping
 Comp Cutting Recapping Retreading regrooving Tire Installation Other: _____
 2) What percentage of your work is: Construction/Farm Equipment _____ % Off Road _____ %
 Heavy Truck Tires _____ % Specialty Tires _____ % Racing _____ %
 3) Do you perform quality control to verify proper installation, tightened lug nuts and matched tire size? Yes No

9. Description of Dealer Operations N/A, no vehicle dealer operations performed (skip pg 6)

a) Indicate percentage of the following types of autos sold (**MUST =100%**): *Separate supplement required

Autos (Private Passenger – Cars/SUVs/Pick-ups/Vans)	%	Golf Carts	%
Autos (Salvage-Titled)	%	Heavy Trucks (over 26,000 GVW)*	%
Antique/Classic/Vintage Autos	%	Logging Trucks/Equipment*	%
Boats/Jet-Skis*	%	Mobility Vans*	%
Buses*	%	Motorcycles*	%
Boom/Bucket Trucks/Cranes/Scissor Lifts/Cherry-Pickers*	%	Off-Road Autos (ATVs, UTVs, Snowmobiles)*	%
Electric Vehicles	%	Recreational Vehicles, Motorhomes, Campers*	%
Emergency Vehicles*	%	Semi-Trailers*	%
Equipment (Farm/Contractors/Construction)	%	Utility/Livestock Trailers	%
Forklifts	%	Other: _____	%

b) Nature of auto sales operation (**MUST = 100%**):

Retail _____% Wholesale* _____% Broker* _____% Export* _____% Import* _____% Consignment♦ _____% Internet① _____%

*Separate supplement required ♦Provide copy of consignment agreement ①Provide website on pg1

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

If yes: 1) In which state(s) are you licensed? _____

2) What type of dealer's license do you have? Retail Wholesale Salvage Other _____

d) Are there any dealer operations or driving exposures in states other than where you hold a dealer license?

If yes: a. List all states: _____

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

1) How many sold "sight unseen" (customer does not come to lot)? _____

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

i. If you repair prior to sale, are repairs (must=100%): Structural _____% Mechanical _____% Cosmetic _____% N/A

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

1) How many in each category: Autos _____ Boats _____ Motorcycles _____ Trailers _____

g) Do you lease, rent, loan or sell plates to others? Yes No

h) Do you repossess the vehicles that you sell? Yes No

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

j) Do you allow overnight test drives? Yes No

k) Do you allow unaccompanied test drives? Yes No

l) Do you obtain a copy of the customer's driver's license and proof of insurance prior to all test drives? Yes No

m) When do you transfer title (select at least one and all that apply)?

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 is the maximum distance you travel to transport vehicles from point of purchase to your lot? _____ Miles

o) Who drives/transport vehicles to your lot (select all that apply)? Insured/Employees Transporters Contract Drivers

1) If insured/employees are utilized, do you transport / tow vehicles using a trailer / tow apparatus? Yes No

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

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

If no: a) Are they listed in item 5 above? Yes No If no, dealer supplement required

p) Do you operate an auction? If yes, dealer supplement required Yes No

q) Do you engage in auto pawning operations or auto title pawns/loans? If yes, dealer supplement required Yes No

r) Do you use any owned autos to drive for any rideshare programs (Uber, Lyft, etc.) Yes No

10. Coverages and Limits (required to quote)

Liability Coverages

General Liability BI & PD \$ _____ Per Occurrence Liability Deductible
 Covered Autos Liability \$ Same as GL Occurrence Per Occurrence \$ _____
 General Liability Aggregate \$ _____ Aggregate
 Products & Work You Performed \$ _____ Aggregate

Damage to Rented Premises \$ _____ Any One Premises

Personal & Advertising Injury Liability \$ Same as GL Occurrence

Medical Payments - Auto \$1,000 \$2,000 \$3,000 \$4,000 \$5,000 Other: _____

Medical Payments - Premises \$1,000 \$2,000 \$3,000 \$4,000 \$5,000 Other: _____

Uninsured/Underinsured Motorists \$ _____

Personal Injury Protection (PIP) \$ _____ Per Statute (not available in all states)

Garagekeepers Coverage (physical damage coverage for customer autos in your care)

Deductible: \$ _____

Perils (select one):

- Comprehensive & Collision
 Specified Causes of Loss & Collision

Type (select one): Legal Liability
 Direct Primary

Loc	Average # autos on lot	Maximum # autos on lot	Average Value Per Vehicle	Maximum Value Per Vehicle	Total Lot Limit
1			\$	\$	\$
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$

Garagekeepers In-Tow/On-Hook (phys dam for customer autos while being towed - scheduled auto supp may be required)

Dealers Physical Damage Coverage (physical damage coverage for autos held for sale)

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

Deductible: \$ _____

Perils (select one):

- Comprehensive & Collision
 Specified Causes of Loss & Collision

Flood: Included Excluded

Wind/Hail: Included Excluded

LOC	Average # autos on lot	Maximum # autos on lot	Average Value Per Vehicle	Maximum Value Per Vehicle	Total Lot Limit
1			\$	\$	\$
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$

Loss Payee name & address: _____

Loss Payee name & address: _____

Other Coverages (please note that not all carriers offer every coverage listed)

False Pretense \$ _____ E&O: Truth in Lending Odometer Title Insurance Agents \$ _____

Hired Auto – Cost of Hire \$ _____ Drive Other Car # of individuals: _____ Broad Form Products

Property (provide acord 140 or supp) Scheduled Autos (provide sched auto supp) Customer Complaint Legal Defense

Cyber Liability Stop Gap – Employers Liability Coverage Watercraft Liability

Additional Insured 1 Name & Address: _____

Relationship to Insured (required): _____ Primary/Non-Contributory Waiver of Subrogation

Additional Insured 1 Name & Address: _____

Relationship to Insured (required): _____ Primary/Non-Contributory Waiver of Subrogation

IMPORTANT: To ensure that filings are made on time you must submit your bind request at least 2 working days prior to the effective date of the policy to provide the company with enough time to make the filings. It is the agent's responsibility to notify Amwins that any filing is required.

General Fraud Statement

(Not applicable in states mentioned below where a state 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 - Name Printed

- 11. Agent:**
- a) Are you personally familiar with this applicant's operations? Yes No
 - b) Did your office control this risk in the past year? Yes No

Agent Signature (**Required for Binding**)

Date

Agent - Name Printed