

Garage Application

Dealer Non-Dealer

Proposed Effective Date: _____

Date Quote Needed: _____

Submitted by: _____

Agency: _____

Phone: _____

Email: _____

1) Applicant Information

Applicant's Name: _____

DBA: _____

Mailing Address: _____

Phone: _____ Fax: _____ Inspection Contact: _____

Website: _____ Dealer ID #: _____

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

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

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 and Protection and Operations

- a) Are any animals maintained on premises? Yes No
 If yes, describe type/breed of animals: _____
- b) Do you leave keys in vehicles? Yes No
- c) Are keys kept in a secure location with no access by unauthorized persons? Yes No
- d) Are autos stored on premises after normal business hours? Yes No
- e) Do you ever park a customer's vehicle on the street? Yes No
- f) Are signs posted to keep customers from work area? Yes No
- g) Is any work performed off-premises (i.e., roadside or customer's location)? Yes No
- h) Describe your theft barriers/storage (building, fence & gate, or post & cable):

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

5) Employee and Non-Employee Information

**** ALL employees, owners, drivers, and household members MUST be listed****

Loc #	Name	DL #	ST	DOB	Violations/Accidents Prior Three Years Please Describe	CDL		Hours Worked *	Status**	Auto Use ***	PAP In Place? ****
						Y	N				

*** Hours worked:**
 F = Full-time (over 20 hrs/week)
 P = Part-time (20 or less hrs/week)
 N = Non-employee

**** Status:**
 1. Active owner, partner, or officer
 2. Inactive owner, partner or officer
 3. Lot person
 4. Salesperson

***** Auto Use**
 A=Furnishes 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

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

Accessory Sales \$ _____	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 \$ _____	Uninstalled parts \$ _____
Convenience Store Sales \$ _____	Repair \$ _____	Vehicle Sales \$ _____
Gasoline Sales Full Service \$ _____	Salvage parts \$ _____	Other \$ _____
Gasoline Sales Self Service \$ _____	Self Park Sales \$ _____	

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7) Description of General Operations

- a) Do you lease or rent vehicles to others? Yes No
- b) Are 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, or sponsor any vehicles used in racing event? Yes No
- If yes, provide details: _____
- d) Do you own/operate a car crusher, or stack salvaged autos more than two high? Yes No
- e) 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?

- 4) Do you conduct operations or have driving exposures in any other state(s)? Yes No
- If yes, list states and exposures: _____
- f) 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
- g) Do you post signs to keep customers out of work area? Yes No
- h) Any firearms on premises? Yes No
- i) Do you use any subcontractors? Yes No
- If yes, do you obtain certificates of insurance? Yes No
- j) Do you tow for hire? (If yes, complete Tow Truck Questionnaire) Yes No
- k) How many Transporter or Repairer Plates (Non-dealer) do you have? _____
- If any, how are they used? _____ List plate numbers: _____
- l) Do you pick up and deliver customers' vehicles? Yes No
- If yes, what radius? _____ How many times per week? _____
- m) Do you install trailer hitches? Yes No
- If yes, please provide percentage welded ___ % bolted ___ %.

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Description of Service Operations

8) Indicate percentage of the following types of autos serviced:

Antique/Classic autos		
Boats (incl jet skis)		
Buses	**supplement required**	
Bucket trucks/cranes/scissor lifts	** supplement required**	
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**	
Private passenger (cars, SUV, pick-ups, and vans)		
Recreational vehicles, motorhomes, campers	** supplement required**	
Salvage-titled autos		
Semi Trailers	**supplement required**	
Utility or livestock trailers	**supplement required**	
Other:		

9) Description of Non-Dealer/Service Operations **complete this section if you checked "Non-Dealer" on page 1**

Please Indicate percentage of Non-Dealer Operations (MUST equal 100%):

Alarm, stereo or navigation system	_____ %	Mobile auto repair/roadside assist	_____ %
Auto dismantling/salvage	_____ %	Mobile tire repair	_____ %
Auto painting with UL approved spray booth	_____ %	Oil/lube service	_____ %
Auto painting without UL approved spray booth	_____ %	Parking lots/garages (self-park)	_____ %
Body shop	_____ %	Rim sales/repair	_____ %
Breathalyzer/ignition interlock	_____ %	Tire sales/repair **supplement required**	_____ %
Car wash (full service)	_____ %	Trailer hitch installation or repair	_____ %
Detailer	_____ %	Transmission	_____ %
Driveway contractor or wrecker service	_____ %	Upholstery	_____ %
Electrical	_____ %	Valet Parking **supplement required**	_____ %
Fabrication (Describe*)	_____ %	Van conversion **supplement required**	_____ %
Frame or unibody straightening	_____ %	Vehicle Maintenance & Repair	_____ %
Fuel conversion	_____ %	Welding	_____ %
Handicap vehicle modification	_____ %	Windshield installation/repair/tint	_____ %
High performance	_____ %	Wrecker service **supplement required**	_____ %
Impound yards	_____ %	Other (Describe*)	_____ %
Lift Kits	_____ %	Total (Must equal 100%)	_____ %

***Describe:** _____

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10) Description of Non-Dealer Operations

- a) Are you an auto rebuilder? Yes No
- b) 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? _____
- c) If you install lift kits, do you lift over 6 inches? Yes No
 What percentage is: Body Lifts? _____% Suspension Lifts? _____%
 Describe your training/experience: _____
- d) 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
- e) Do you cut or weld frames? Yes No
 If yes, describe what is welded: _____
- f) If you sell or service Tires (other than Motorcycle or Roadside Assistance) complete the following section:
1. What percentage of Tires sold are: New Tires _____% Used Tires _____% Recap Tires _____%
 (quantity-not gross receipts)
 2. What percentage of your work is: Service only, no sales _____%
 Describe _____
 3. What percentage of your work is: Specialty Tires _____% Off Road _____% Racing _____%
 Const/Farm Equip _____%
 4. Do you perform quality control to verify proper installation, tightened lug nuts and matched tire size? Yes No
 5. Do you sell new tires manufactured more than 3 years ago? Yes No
 6. For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? Yes No
 7. Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? Yes No
 8. If you sell tires, what method do you use to mark them? _____
- g) Do you allow customers to drive vehicles into service bay Yes No

11) Description of Dealer Operations

Indicate percentage of the following types of autos sold:

Antique/Classic autos		
Boats (incl jet skis)		
Buses	**supplement required**	
Bucket trucks/cranes/scissor lifts	** supplement required**	
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**	
Private passenger (cars, SUV, pick-ups, and vans)		
Recreational vehicles, motorhomes, campers	** supplement required**	
Salvage-titled autos		
Semi Trailers	**supplement required**	
Utility or livestock trailers	**supplement required**	
Other:		

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12) Description of Dealer Operations

- a) Do you have a dealer's license? Yes No
- b) In which state(s) are you licensed? _____
- c) 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 _____
- d) Do you Lease, Rent, Loan or Sell plates to others Yes No
- e) Do you repossess the vehicles you sell yourself? Yes No
- f) Do you hold FMSCA permit or DOT registration? Yes No
If yes, provide: US DOT # _____ MC# _____
State filings required? If yes, provide states and applicable MC numbers. Yes No

- g) Do you allow overnight test drives? Yes No
- h) 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
- i) Nature of business?
Retail _____% Wholesale* _____% Consignment** _____% Export _____% Import _____% Auction* _____%
*Supplemental application required **Copy of Consignment Contract Required
- j) Do you offer buy here/pay here options? Yes No
- k) 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
- l) What radius do you drive to transport vehicles to your location? _____ miles
- m) How many vehicles do you sell per year? _____
How many "sight unseen" over the internet? _____ (Vehicle Sale is not completed on the lot)
If over 15% total, provide website address: _____
How many vehicles do you sell per year on consignment? _____ (Provide copy of consignment agreement)
- n) Do you deliver vehicles to customers after the sale is complete? Yes No
If yes, how many trips per year? _____ How far one-way for longest trip? _____
- o) If you repair salvage title vehicles prior to sale, are repairs:
Structural _____% Mechanical _____% Cosmetic _____%
- p) Who drives/transportes vehicles to your lot? _____ Insured/Employees _____ Contract Drivers _____ Transporter
if contract drivers, please be sure they are included in item 5

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13) Coverages and Limits (required to quote)

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

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

Loss Payee name and address: _____

If Dealers Physical Damage coverage is chosen, 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 \$_____

In-Transit Limits (On-Hook): _____ per auto # of autos towed/carried per each transporter: _____

If Garagekeepers coverage is chosen, 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 Primary/Non-Contributory Waiver of Subrogation

Name: _____

Address: _____

Insurable Interest (Required): _____

Other available coverages:

- Auto Dealers Errors & Omissions Agents E&O False Pretense
- Fire Legal Liability _____ Truth in Lending E&O Broad Form Products
- Identity Theft Recovery Odometer E&O CDW – Waiver of Collision Ded
- Drive other Car-# of indiv ____ Title E&O Hired Auto – Cost of Hire \$_____
- Cyber Liability

Commercial Property (Complete Acord 140 – Property Schedule)

Scheduled Auto Liability or Physical Damage (Complete Acord 127 – Auto Schedule)

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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.

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 or 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.

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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