



# GARAGE INSURANCE APPLICATION

## Section I – General Information

Policy Period Desired From \_\_\_\_\_ to \_\_\_\_\_

1. Named Insured \_\_\_\_\_

Type of Entity:  Corp  Partnership  Individual  LLC  Other \_\_\_\_\_

2. For inspection purposes:

Name to Contact \_\_\_\_\_ Interest in business is: \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

4. Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

5. Years in business. \_\_\_\_\_

If new venture, please advise years in industry and in what capacity. \_\_\_\_\_

6. What type of vehicles do you sell / service? Please place a percentage next to the type that apply. (Must total 100%)

Private Passenger, SUV, Lt trucks	%	Vehicles with GVW 10 – 25,000 GVW	%	Extra Heavy Trucks / Tractors	%
Motorhomes	%	Other Recreational Autos	%	Motor Coaches or buses	%
Motorcycles	%	Dirt Bikes or ATVs	%	Watercraft (Boats, Jetski's, etc.)	%
Farm / Contractor Equipment	%	Antique / Classic cars	%	High Performance Vehicles	%

7. What are the total annual gross receipts from your operation? \$ \_\_\_\_\_

8. Describe any other owned or non-owned operations or exposures at your business location. Include residences:  
\_\_\_\_\_

9. Do you pick up or deliver autos not owned by you? \_\_\_\_\_ Employee driven? \_\_\_\_\_ Use of Dolly? \_\_\_\_\_

10. Do you ever use contract drivers? \_\_\_\_\_

If yes, they must be listed separate and including name, date of birth, Driver license number, and number of trips weekly. \_\_\_\_\_

11. What is your normal radius of operation and percentage? \_\_\_\_\_ % Less than 50 miles \_\_\_\_\_ % 50-300 miles \_\_\_\_\_ % over 300 miles

12. Do you loan or lease autos? \_\_\_\_\_ Do you loan or lease vehicles to customers while their auto is being repaired? \_\_\_\_\_

13. Dealer:  Franchised  Non Franchised

A.  Retail

B.  Wholesale

C.  Auction

D.  Consignment

14. Where do you purchase vehicles? \_\_\_\_\_ Number of trips per month over 50 mile radius: \_\_\_\_\_

15. Do you buy or sell on the internet? \_\_\_\_\_

16. Do you have a website? \_\_\_\_\_ Address \_\_\_\_\_

17. How many vehicles did you sell last year? \_\_\_\_\_ Two years ago? \_\_\_\_\_ Three years ago? \_\_\_\_\_

18. Average number of autos for sale: \_\_\_\_\_ Maximum number on lot: \_\_\_\_\_ Average value: \_\_\_\_\_

19. Number of dealer tags: \_\_\_\_\_ Repair/Salvage tags: \_\_\_\_\_ Describe any other tags: \_\_\_\_\_

20. Details on tag security: \_\_\_\_\_

21. Do you copy the driver's license before test drives? \_\_\_\_\_ Do you accompany buyer on test drives? \_\_\_\_\_ Minimum age of test driver: \_\_\_\_\_

22. Describe procedure for title change: \_\_\_\_\_

23. Are employees allowed to use vehicles held for sale for personal use? \_\_\_\_\_ If so, are there restrictions? \_\_\_\_\_ Explain: \_\_\_\_\_

**Section II – Complete if you service any vehicles held for sale or non owned vehicles – If no service or repair operations, go to Section III.**

24. Describe in detail the types of repairs and services performs: \_\_\_\_\_
25. Do you ever use any "used" parts? \_\_\_\_\_ Rebuilt parts? \_\_\_\_\_
26. Average value of customer cars on premises: \$ \_\_\_\_\_
27. Average number of cars kept inside building: \_\_\_\_\_ Average number of cars kept outside: \_\_\_\_\_
28. Number of service bays: \_\_\_\_\_ Number of outside parking spaces: \_\_\_\_\_ Are customers allowed in service areas? \_\_\_\_\_
29. Is smoking prohibited in service area? \_\_\_\_\_ Are signs posted? \_\_\_\_\_
30. Do you have fire extinguishers, currently tagged? \_\_\_\_\_
31. Are solvents and flammables stored in approved receptacle? \_\_\_\_\_
32. Is painting done in a UL approved spray painting booth? \_\_\_\_\_
33. Are welding operations separated from spray painting operations? \_\_\_\_\_
34. Are oil rags and waste products disposed of properly? \_\_\_\_\_
35. Do you own tow trucks? \_\_\_\_\_ If so, where are they insured? \_\_\_\_\_
36. Do you tow for your own repair operation? \_\_\_\_\_ Tow for hire? \_\_\_\_\_ 24 hour service? \_\_\_\_\_
37. Do you have gas pumps? \_\_\_\_\_ Full Service? \_\_\_\_\_ Self Serve? \_\_\_\_\_ Do they have clearly marked emergency shut off devices? \_\_\_\_\_  
Rules posted? \_\_\_\_\_ (No smoking, Shut off engine, etc?)
38. What steps are in place to ensure that proper repairs are made and the vehicle is safe to return to the road? Check those that apply.  
 Post Service Checklist     Service Manager Review     Test Drive     Customer pre-approval of repairs
39. Check any of the following that may apply to your business. Provide details below on any that are applicable.     None apply
- |  |  |
|--|--|
| <input type="checkbox"/> Auto dismantlers, rebuilders, restorers | <input type="checkbox"/> Renting, leasing or loaning vehicles                |
| <input type="checkbox"/> Any salvage or wrecking operations      | <input type="checkbox"/> Sell or store salvage vehicles                      |
| <input type="checkbox"/> Modify, build or perform conversions    | <input type="checkbox"/> Repairs / Installations on emergency vehicles       |
| <input type="checkbox"/> Frame straightening                     | <input type="checkbox"/> Hydraulic work                                      |
| <input type="checkbox"/> Hitch installation                      | <input type="checkbox"/> Air bag or breathalyzer installation / repair       |
| <input type="checkbox"/> Tire recapping                          | <input type="checkbox"/> Tire sales revenue / repairs > 25% of total revenue |
| <input type="checkbox"/> Self service bay rentals                | <input type="checkbox"/> Equipment or tool rentals                           |
| <input type="checkbox"/> Consignment sales                       | <input type="checkbox"/> Gas sales revenues > 25% of total revenue           |
| <input type="checkbox"/> Trailer sales, service or repair        | <input type="checkbox"/> Dog on premises during or after hours               |
| <input type="checkbox"/> Parking garage / Valet operations       | <input type="checkbox"/> Work on or sponsor race cars or teams               |
| <input type="checkbox"/> Repossess vehicles                      | <input type="checkbox"/> Convenience sales revenue > 35% of total revenue    |
- Explain details of any that apply

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40. Additional Insureds: \_\_\_\_\_ Interest in Insured's operation: \_\_\_\_\_

**Section III – Lot Protections**

41. Please describe lot lighting. \_\_\_\_\_
42. Is lot fenced on all sides and locked after working hours? \_\_\_\_\_ If no, explain protection: \_\_\_\_\_
43. Signs posted to keep customers from work areas? \_\_\_\_\_
44. Are firearms kept on premises? \_\_\_\_\_
45. Describe key control: \_\_\_\_\_
46. Surveillance camera? \_\_\_\_\_ Security System? \_\_\_\_\_

**Section IV – Insurance History / Claims**

47. Has your insurance been cancelled or non-renewed in the last 3 years? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
48. Prior Carrier for the past 3 years.
- |                 |       |                 |       |                |       |
|-----------------|-------|-----------------|-------|----------------|-------|
| Current Carrier | _____ | Effective Dates | _____ | Policy Premium | _____ |
| Prior Carrier   | _____ | Effective Dates | _____ | Policy Premium | _____ |
| Prior Carrier   | _____ | Effective Dates | _____ | Policy Premium | _____ |
49. List any losses for the past 3 years. Write "NONE" if there have been no claims. Provide details and amount paid. Provide loss runs when available. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**PERSONAL AUTO INFORMATION**

If anyone is being provided a vehicle for personal use, please provide a list of the other personal autos in the household and the insurance policy information below:

Year	Make	Model	VIN	Insurance Carrier	Policy Number

**SCHEDULED AUTOS AND TRAILERS**

List all vehicles owned by the business, including tow truck/transporters and service autos:

Unit No.	Year, Model, Body Type	Radius	Value	Serial Number	GVW	Coverage Desired					
						Liability	Specified Perils	Comp.	Ded.	Collision	Ded.
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"/>	\$
4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Unit Number	Loss Payable/Additional Insured (Name and Address)										
1.											
2.											
3.											
4.											
5.											

**Section VII – Property – Complete this section for each building**

**Causes of Loss:**     Basic                       Special Form  
**Deductible:**         \$250                 \$500                 \$1,000                 Other \_\_\_\_\_

Item	Co-Ins.	Amount of Insurance	Description and Location of Property Covered: Show complete address, construction, and occupancy of building(s) or containing the property covered. If occupied as a dwelling, state number of families.
Building			
Contents			

**Bldg. #** \_\_\_\_\_

- Distance between buildings. \_\_\_\_\_
- Year building built: \_\_\_\_\_ Year of updates: Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Roof \_\_\_\_\_
- Protection class: \_\_\_\_\_ Distance to nearest hydrant: \_\_\_\_\_ # of Stories \_\_\_\_\_ Area (sq. feet) \_\_\_\_\_
- Construction:     Frame     Brick Veneer     Joisted Masonry     Metal Clad     Mobile / Modular Home  
 Fire Resistive     Other \_\_\_\_\_
- Indicate existing protections:     Fire Alarm                 Burglar Alarm                 Watch Service                 Fire Extinguishers
- Are there any other occupancies?     Yes     No    If yes, describe: \_\_\_\_\_
- Describe adjacent businesses: \_\_\_\_\_
- Mortgagee                 Loss Payee

Name \_\_\_\_\_ Address \_\_\_\_\_

*By signing this application, I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I have completed and signed any state required forms selecting or rejecting Uninsured Motorist Coverage and First Party Benefit Forms.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name & Agent's Signature

\_\_\_\_\_  
Date

*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 a false or deceptive statement may be subject to civil or criminal penalties.*