

# PACIFIC INTERNATIONAL UNDERWRITERS

Phone: 800-562-8403 or 425-771-8988

Fax: 888-814-8701 or 425-775-9046

## GARAGE NON-DEALERS QUICK QUOTE SHEET

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**NAMED INSURED:** \_\_\_\_\_

Location: \_\_\_\_\_

Description of Operation: \_\_\_\_\_

Years in Business: (If new venture, advise years in industry/experience) \_\_\_\_\_

Cancelled or nonrenewed in past 3 years? \_\_\_\_\_ If yes, Why: \_\_\_\_\_

Any losses in past 3 years? \_\_\_\_\_ If yes, date of loss, details, amounts paid: \_\_\_\_\_

Percentage of Repair performed at location other than listed: \_\_\_\_\_ %

Do you sell tires?  Yes  No \_\_\_\_\_ % of Receipts  New \_\_\_\_\_ %  Used \_\_\_\_\_ %

Do you recap or retread tires?  Yes  No

Do you install and/or repair trailer hitches or 5<sup>th</sup> wheel connections?  Yes  No \_\_\_\_\_ % of operation

Do you sell or distribute butane, propane, other liquefied gas under pressure or ammonium nitrate?  Yes  No

Registration Plates? Liability Limit: \$ \_\_\_\_\_ UM Limit \$ \_\_\_\_\_ PIP \$ \_\_\_\_\_ (if Applicable)

**Please check those items below that are part of your repair operation and what percentage of your operation:**

- Motorcycles \_\_\_\_\_ %  All Terrain Vehicles \_\_\_\_\_ %  Motor Homes \_\_\_\_\_ %  Farm Equipment or Implement Dealer \_\_\_\_\_ %
- Mobile Homes \_\_\_\_\_ %  Buses \_\_\_\_\_ %  Private Pass. Vehicles, SUV's, & Light Trucks \_\_\_\_\_ %  Boats \_\_\_\_\_ %
- Utility Trailers, Semi-Trailers, Trailers \_\_\_\_\_ %  Trucks or Truck Tractors \_\_\_\_\_ %  Propane Conversions \_\_\_\_\_ %
- LPG Systems \_\_\_\_\_ %  Lift kit (suspension) Install/Sales \_\_\_\_\_ %  Contractor's Equipment \_\_\_\_\_ %
- Other \_\_\_\_\_ %

**Scheduled Autos Desired?**

Vehicle #	Year, Make, Model	Radius	Garaging Zip	Value	In-Tow Limit?	
1						
2						

**COVERAGES:** \*\*\*If you would like a property quote, please provide Acords with your submission\*\*\*

GARAGE LIABILITY: Each Accident: \_\_\_\_\_ Aggregate: \_\_\_\_\_

GARAGE KEEPERS:  Direct Primary  Legal Liability (Direct Primary not available for all risks)

Causes of Loss:  Specified COL w/ Collision  Comprehensive w/ Collision

Total Limits: Loc #1: \$ \_\_\_\_\_ Location #2: \$ \_\_\_\_\_

Deductibles: Specified COL or Comprehensive \$ \_\_\_\_\_ Collision \$ \_\_\_\_\_

PREMISES MEDICAL PAYMENTS:  \$500  \$750  \$1,000  \$2,000  \$5,000

UNINSURED MOTORISTS: \$ \_\_\_\_\_

**EMPLOYEE INFORMATION: (May be subject to MVRs)**

Name	Drivers License #	Date of Birth	Job Duties	Hours Worked	Furnished Auto?

Please note: This is not an application and the figures we are quoting are an indication only, subject to a properly completed application. You do not have binding authority until we authorize you that it is acceptable.

**P.O. Box 2007 • 627 Dayton Street • Edmonds, WA 98020 • PH 800-562-8403 • FAX 888-814-8701**