



## ALTERNATE GARAGE SUPPLEMENTAL APPLICATION

When the covered auto is not garaged at your primary residence, the following information is needed.

Insured's Name \_\_\_\_\_

Garaging Address \_\_\_\_\_

\_\_\_\_\_

1. Attach a photograph of the alternative garage.
2. What type of facility is this? (Public, private, office, business, etc.) \_\_\_\_\_
3. Is this an individual garage or a large storage area? \_\_\_\_\_
4. Is this a fully enclosed and locked garage? \_\_\_\_\_
5. Who has access to this garage? \_\_\_\_\_
6. What else is stored in this facility? \_\_\_\_\_
7. What type of security safeguards are at this location? (Alarms, fencing, lighting, etc.) \_\_\_\_\_  
\_\_\_\_\_
8. What is the distance between your residence and the garage facility? \_\_\_\_\_