



GARAGE APPLICATION

1. REQUESTED POLICY PERIOD Effective Date: _____ to Expiration Date: _____

2. APPLICANT INFORMATION

Business Entity: [] Individual [] Partnership [] Corporation [] LLC [] Other: _____
Applicant's Name _____
DBA _____
Mailing Address _____
Garage Location 1 _____
Garage Location 2 _____
Inspection Contact _____ Ph _____ Email _____
Years in Business _____ Yrs Exp in this Field _____ Website Address _____

3. NATURE OF BUSINESS

DEALER: Dealer ID # _____ [] Non-Franchised [] Franchised with: _____
[] Retail [] Wholesale [] Auction* [] Consignment Sales**, % of Ops _____ % [] Advertising via Internet
[] Sales via Internet, % of Ops _____ % [] Sold Sight Unseen Thru eBay [] Sold Sight Unseen Thru Other Websites
Estimated number of vehicles sold the prior year: _____

NON-DEALER: [] Repair / Service [] Towing / Wrecking Ops* [] Other: _____
[] Salvage Operations* (Auto Dismantling / Salvage Yard / Salvage Vehicles)

* If yes to Auction, Towing/Wrecking Operations or Salvage Operations, a separate addendum must be completed
** If yes to Consignment Sales, a copy of Consignment Agreement must be provided

4. PERCENTAGE OF OPERATIONS

Table with 3 columns: Operation Type, Sales %, Repair %. Rows include: All Terrain Vehicles (ATVs) / Utility Vehicles (UTVs) / Snowmobiles, Auto Parts, Boats, Jet Skis or Other Watercraft, Buses, Car Wash, Emergency Vehicles, Farm Machinery / Heavy Equipment, Motor Homes, Recreational Vehicles, Campers*, Parking Facility, Motorcycles / Scooters***, Private Passenger (including Pickups, Vans & SUVs), Storage / Impound Lot, Service Station, Tires, Trailers, Trucks / Truck Tractors**** (Other than Pickups, Vans & SUVs), Other (describe).

* Complete RV & Motorhomes Supplement
** Complete Valet Supplement
*** Complete Motorcycle Supplement
**** Complete Heavy Truck & Trailer Supplement
TOTAL %: _____

5. ADDITIONAL UNDERWRITING INFORMATION

- A. Are you engaged in any other operations? Yes No
If yes, explain: _____
- B. Do you loan, lease or rent vehicles to others? Yes No
If yes, explain: _____
- C. Do you allow customers to test drive vehicles unaccompanied? Yes No
If yes, do you obtain a copy of their Drivers License and Proof of Insurance? Yes No
- D. Do you own or sponsor a race car? Yes No
- E. Do you install or repair trailer hitches? Yes No
If yes, are they: Welded on Bolted on
- F. Do you perform any hydraulic work? Yes No
- G. Do you modify, rebuild or perform conversions on vehicles? Yes No
If yes, explain: _____
- H. Do you repossess:
Autos that you have sold? Yes No
Autos for others? Yes No
- I. Do you perform any work on airbags (including any deactivating) or breathalyzers? Yes No
- J. Do you do any spray painting? Yes No
If yes, is there a U/L approved spray booth? Yes No
- K. Any animals kept on the premises? Yes No
- L. Provide maximum radius for pickup and delivery: _____ Miles
- M. How do you transport or drive away vehicles from the places where they are purchased?
 Employees Contract Drivers Other: _____
- N. Do you finance sold autos? Yes No
If yes, are you listed as a lienholder Yes No
Do you hold the title for final payment Yes No
If yes, when is title released to buyer? _____
- O. Do you transfer title into the buyers name at time of sale? Yes No
If no, when are titles transferred? _____
- P. Do you require personal auto insurance be in place prior to relinquishing a sold auto? Yes No
- Q. Key control:
Do you leave keys in the vehicles at any time? Yes No
Are keys stored in a lockbox? Yes No
Other: _____
- R. Are signs posted to keep customers from work areas? Yes No
- S. Are firearms kept on the premises? Yes No
- T. Describe your theft barriers? _____
- U. Is your lot well lit at night? Yes No
- V. Security
Is you lot patrolled by a security guard? Yes No
If yes, are they: Armed Unarmed
Do you have any other security devices, ie: cameras, alarms? Yes No
If yes, describe: _____
- W. Does your operations share a premises with another business and/or operation? Yes No
If yes, describe: _____

8. COVERAGE REQUESTED

Provide limits and deductibles for all requested coverages:

COVERAGE	LIMITS	DEDUCTIBLES		
Garage Liability	Auto Other Than Auto Other Than Auto	Limits _____ _____ _____	Each Accident Each Accident Aggregate	<u>Deductible</u> _____ <input type="checkbox"/> PD <input type="checkbox"/> BI & PD
Personal Injury Protection	Limit per Statute	Limits _____		<u>Deductible</u> _____
Medical Payments <input type="checkbox"/> Auto & Premises <input type="checkbox"/> Premises Only		Limits _____		
Uninsured/Underinsured Motorist	UM / UIM Number of Dealer Plates / Transit Plates: _____	Limits _____		
Garagekeepers (Garage Location 1) <input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	Comprehensive Specified Causes of Loss Collision	<u>Per Auto</u> _____ _____ _____	<u>Per Location</u> _____ _____ _____	<u>Deductible</u> _____ _____ _____
Garagekeepers (Garage Location 2) <input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	Comprehensive Specified Causes of Loss Collision	<u>Per Auto</u> _____ _____ _____	<u>Per Location</u> _____ _____ _____	<u>Deductible</u> _____ _____ _____
Physical Damage (Garage Location 1) <input type="checkbox"/> Dealer's Open Lot <input type="checkbox"/> Building <input type="checkbox"/> Completely Fenced <input type="checkbox"/> Not Fenced	Comprehensive Fire & Theft Specified Causes of Loss Collision	<u>Per Auto</u> _____ _____ _____ _____	<u>Per Location</u> _____ _____ _____ _____	<u>Deductible</u> _____ _____ _____ _____
Number of Autos held for sale at any one time:		_____ Maximum	_____ Average	
Value of any one Auto held for sale:		_____ Maximum	_____ Average	
Any vehicles on consignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide copy of consignment agreement		
Physical Damage (Garage Location 2) <input type="checkbox"/> Dealer's Open Lot <input type="checkbox"/> Building <input type="checkbox"/> Completely Fenced <input type="checkbox"/> Not Fenced	Comprehensive Fire & Theft Specified Causes of Loss Collision	<u>Per Auto</u> _____ _____ _____ _____	<u>Per Location</u> _____ _____ _____ _____	<u>Deductible</u> _____ _____ _____ _____
Number of Autos held for sale at any one time:		_____ Maximum	_____ Average	
Value of any one Auto held for sale:		_____ Maximum	_____ Average	
Any vehicles on consignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide copy of consignment agreement		
Service Vehicles, including tow trucks, car haulers and wreckers or specifically described autos:				
Are filings required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list MC # and/or Certificate #: _____		
<u>YEAR</u>	<u>MAKE</u>	<u>BODY TYPE</u>	<u>SERIAL #</u>	<u>MGVW</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COVERAGE (Continued)

LIMITS

DEDUCTIBLES

In Tow Coverage

Limit per Tow Truck

Limits

Deductible

Optional Coverage

- Broadened Coverage
- False Pretense Coverage
- Odometer Statutes Errors & Omissions Coverage
- Property Coverage, attach Acord 140
- Title Errors & Omissions Coverage
- Truth In Lending Errors & Omissions Coverage
- Other: _____
- Other: _____

Comments:

Loss Payee

Name _____
 Address _____
 Insurable Interest _____

Name _____
 Address _____
 Insurable Interest _____

Additional Insured

Name _____
 Address _____
 Insurable Interest _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

Applicant's Signature _____
 Printed Name _____
 Date Signed _____

Producer's Signature _____
 Agency Name _____
 Date Signed _____

Producer: Are you personally familiar with this applicant's operations? Yes No
 Did your office control this risk in the past year? Yes No