

GARAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker #: _____ Retailer: _____
 Broker: _____ Location: _____
 Location: _____
 _____ Phone #: _____

Applicant Name and Mailing Address _____

Proposed Policy Period _____ to _____

Location #1 _____

Location #2 _____

Individual Partnership Joint Venture Corporation Other _____

Insured's Website Address _____

Inspection and Audit Contact / Phone Number _____

Years in business _____ Years of experience in this field _____

| NATURE OF BUSINESS | | | | |
|---|--------------------------------------|--------------------------------------|---|--|
| DEALER: | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Retail | <input type="checkbox"/> Non-Franchised | <input type="checkbox"/> Franchised with _____ |
| NON-DEALER: | <input type="checkbox"/> Repair Shop | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Parking Facility | <input type="checkbox"/> Other _____ |
| UNDERWRITING INFORMATION | | | | |
| DO YOU: | YES | NO | YES | NO |
| 1. Engage in any other operations? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Repossess vehicles for others? | <input type="checkbox"/> |
| 2. Sponsor sporting or social events? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Engage in fuel conversion? | <input type="checkbox"/> |
| 3. Sponsor or own any race cars? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Engage in auto pawning? | <input type="checkbox"/> |
| 4. Sponsor driver's education cars? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Sell vehicles with salvaged titles? | <input type="checkbox"/> |
| 5. Install, service or repair airbags? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Allow customers in the work area? | <input type="checkbox"/> |
| 6. Structurally alter or convert vehicles from their original design? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Rent, lease or loan vehicles, machinery or equipment to others? | <input type="checkbox"/> |
| EXPLAIN ALL "YES" RESPONSES: _____ | | | | |
| _____ | | | | |
| _____ | | | | |

| PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN | | |
|---|-------|--------|
| | Sales | Repair |
| Private Passenger Type Including Light & Medium Trucks - New | % | % |
| Private Passenger Type Including Light & Medium Trucks - Used | % | % |
| Antique/Classic Cars | % | % |
| Boats - Other Than Jet Skis | % | % |
| Jet Skis | % | % |
| Busses | % | % |
| Contractors Equipment | % | % |
| Farm Equipment | % | % |
| Emergency or Public Livery | % | % |
| Heavy Truck (over 20,000 GVW) <i>**supplement required**</i> | % | % |
| Kit Cars or Other Auto Manufacturing | % | % |
| Motorcycles, ATVs, Scooters, Snowmobiles <i>**supplement required**</i> | % | % |
| Mobile Homes | % | % |
| Recreational Vehicles and Campers <i>**supplement required**</i> | % | % |
| Semi Trailers <i>**supplement required**</i> | % | % |
| Trailers - Other than Semi Trailers | % | % |
| TOTAL | 100% | |

| DEALERS OPERATIONS | | |
|-------------------------------|---|---|
| Consigned Autos Held for Sale | % | When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Number of Dealer Tags: _____ |
| Owned Autos Held for Sale | % | |
| Auto Auctions | % | |
| Wholesale Autos | % | |
| Other: | % | |

| NON-DEALERS OPERATIONS | | | |
|---|---|--|---|
| Alarm, Stereo or Navigational System | % | Impound Yards | % |
| Auto Maintenance or Repair Incl Bedliner | % | Mobile Auto Repair | % |
| Auto Painting with UL approved spray booth | % | Oil/Lube Service | % |
| Auto Painting without UL approved spray booth | % | Parking Lots & Garages | % |
| Auto Parts Sales <i>Receipts:</i> | % | Tire Dealers - New | % |
| Body Shop | % | Tire Dealers - Used, Retreads or Split Rims | % |
| Butane, Propane or other Liquefied Gas Sales | % | Trailer Hitch Installation or Repair | % |
| Car Wash - Full Service | % | Upholstery | % |
| Convenience Store <i>Receipts:</i> | % | Valet Parking <i>**supplement required**</i> | % |
| Detailing | % | Van Conversion | % |
| Driveway Contractor or Wrecker Service | % | Window Tinting | % |
| Frame or Unibody Straightening | % | Windshield Installation/Repair | % |
| Gasoline Station - Full Service | % | Other: | % |

| VEHICLE STORAGE & VALUES | |
|--|--|
| Owned Autos | Non-Owned Autos |
| How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unfenced Lot | How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unfenced Lot |
| Maximum value any one Auto? _____ Maximum value of all Autos? _____ Average number of Autos? _____ | Maximum value any one Auto? _____ Maximum value of all Autos? _____ Average number of Autos? _____ |
| <i>*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended. Non-Standard Lot: Any other type of protection or unprotected lots.</i> | |
| Radius of Pickup & Delivery: <input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1000 Miles <input type="checkbox"/> +1000 Miles | |

| EMPLOYEE AND NON-EMPLOYEE INFORMATION | | | | | |
|--|---------------|--|--------|--------------|----------|
| YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS | | | | | |
| Name and Driver's License # & State | Date of Birth | Violations & Accidents Prior Three Years | Status | Hours Worked | Auto Use |
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- STATUS:
- | | |
|---|---|
| 1. Active Owner, Partner or Officer 2. Inactive Owner, Partner or Officer 3. Salesperson 4. Lot Person 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 _____ |
|---|---|

HOURS WORKED:
 F = Full Time (Over 20 hours per week)
 P = Part Time (20 or less hours per week)
 N = Non-Employee

AUTO USE:
 A = Furnished a covered auto for personal use
 B = Uses a covered auto strictly for business use
 C = Does not drive a covered auto

| ADDITIONAL INFORMATION |
|-------------------------|
| _____ _____ _____ |

| | | |
|---|---------------------------------------|--|
| Garage Liability | Limit of Liability | Deductible |
| | Auto _____ Each Accident | _____ BI |
| | Other Than Auto _____ Each Accident | _____ PD |
| | Other Than Auto _____ Aggregate Limit | |
| Personal Injury Protection or No-Fault Coverage | _____ Per Statute | |
| Medical Payments | Auto _____ | |
| | _____ Garage Operations | |
| Uninsured Motorists Coverage | _____ Each Accident | |
| Underinsured Motorists Coverage | _____ Each Accident | |
| Garagekeepers | Limit of Coverage | Deductible |
| <input type="checkbox"/> Legal | _____ Limit Per Location | _____ Other Than Collision |
| <input type="checkbox"/> Direct Excess | _____ Limit Per Auto | _____ Collision |
| <input type="checkbox"/> Direct Primary | | |
| <input type="checkbox"/> Comprehensive | In-Tow Coverage | |
| <input type="checkbox"/> Specified Causes | _____ Limit Per Tow Truck | _____ # of Tow Trucks |
| | _____ # of Tow Trucks | |
| Dealers Open Lot | Limit of Coverage | Deductible |
| <input type="checkbox"/> Comprehensive | _____ Limit Per Location | _____ Other Than Collision |
| <input type="checkbox"/> Specified Causes | _____ Limit Per Auto | _____ Collision |
| <input type="checkbox"/> Additional Insured | Name _____ | |
| <input type="checkbox"/> Waiver of Subrogation | Address _____ | |
| | Insurable Interest _____ | |
| <input type="checkbox"/> Broadened Coverage <i>(includes Personal Injury & \$50,000 Fire Legal)</i> | <input type="checkbox"/> Hired Auto | <input type="checkbox"/> Personal Injury Liability |
| <input type="checkbox"/> Fire Legal Liability Limit _____ | | |
| PRIOR CARRIER AND LOSS HISTORY | | |
| List prior carrier and loss history for the past 3 years. If no losses, please indicate. | | |
| Current Carrier _____ | Policy Period _____ | Policy Premium _____ |
| Prior Carrier _____ | Policy Period _____ | Policy Premium _____ |
| Prior Carrier _____ | Policy Period _____ | Policy Premium _____ |
| Date of loss | Amount paid/reserve | Description of loss including driver |
| | | |
| | | |
| | | |
| | | |
| If there is no prior insurance, check the box. <input type="checkbox"/> | | |

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing 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. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Witness

Date

Applicant's Signature