



GARAGE LIABILITY APPLICATION

Applicant Name and Mailing Address:

Proposed Policy Period _____ to _____

Location #1 _____

Location #2 _____

Individual Partnership Joint Venture Corporation Other

Inspection and Audit Contact/Phone Number _____

Years In Business _____ Years of experience in this field _____

NATURE OF BUSINESS

DEALER: Wholesale Retail Non-Franchised Franchised with _____

NON-DEALER: Repair Shop Gas Station Parking Facility Other _____

PRIOR CARRIER AND LOSS HISTORY

Please list prior carrier for the last three years. If no prior insurance, indicate NONE.

Year	Carrier	Date of Loss	Description of Loss	Driver

Has any company ever canceled, declined, or refused to issue any similar insurance to the applicant in the past three years?

No Yes if Yes, please explain _____

UNDERWRITING INFORMATION

DO YOU:	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	10. Repossess vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have any security guards?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have guard dogs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sponsor any driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	13. Own or operate tank trucks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sell any used parts?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have underground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>
6. Engage in auto dismantling or salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	15. Sell or distribute butane, propane or other liquefied gas?	<input type="checkbox"/>	<input type="checkbox"/>
7. Conduct structural alterations or frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	16. Rent, lease or loan vehicles, machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
8. Modify vehicles for performance style or handling characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	17. Allow customers to test drive vehicles unaccompanied?	<input type="checkbox"/>	<input type="checkbox"/>
9. Install or repair trailer hitches?	<input type="checkbox"/>	<input type="checkbox"/>	18. Engage in split rim work?	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate percentage of the following operations you are involved in

	Sales	Repair		Sales	Repair
Motorcycles, ATVs, etc.	_____%	_____%	Trucks, tractors, trailers	_____%	_____%
Boats, jetskis or other watercraft	_____%	_____%	Gasoline or diesel sales	_____%	_____%
Farm or heavy equipment	_____%	_____%	Grocery or liquor sales	_____%	_____%
Auto mechanical repair	_____%	_____%	Brake work	_____%	_____%
Body painting or repair	_____%	_____%	Auto parts sales	_____%	_____%
Tow truck service for hire	_____%	_____%	Storage/Impound lots	_____%	_____%
Late model used automobiles and light trucks				_____%	_____%
Foreign sports cars, classic autos, antique autos or fiberglass body autos				_____%	_____%
Vehicles where the frame or body is modified, such as van conversions, etc.				_____%	_____%
Mobile homes, motorhomes or other recreational vehicles				_____%	_____%
Other: _____				_____%	_____%

How are vehicles stored? Standard Lot* Non-Standard Lot Unfenced Lot Building

*A standard lot is defined as being 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.

Number of Dealer Tags? _____

Maximum value of any one vehicle? _____

Average number of cars on hand? _____

Maximum value of all vehicles on the lot? _____

Radius of Pickup & Delivery: 0-300 Miles 301-500 Miles 501-1000 Miles +1000 Miles

COVERAGE	LIMIT OF LIABILITY OR INSURANCE		DEDUCTIBLE	
Liability Garage Operations	Auto	\$_____ Each Accident	\$_____ BI	
	Other Than Auto	\$_____ Each Accident	\$_____ PD	
	Other Than Auto	\$_____ Aggregate Limit	\$_____ PIL	
Personal Injury or No-Fault Coverage	\$_____ Per Statute		\$_____	
Medical Payments	\$_____ Auto Medical		\$_____	
	\$_____ Garage Ops Medical		\$_____	
Uninsured Motorists Underinsured Motorists	\$_____		\$_____	
	\$_____		\$_____	
Garagekeepers <input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	Per Auto		Per Location	
	Comprehensive	\$_____	\$_____	\$_____
	Specified Causes	\$_____	\$_____	\$_____
	Collision	\$_____	\$_____	\$_____
	In-Tow Coverage	\$_____	Per Tow Truck	\$_____
Physical Damage <input type="checkbox"/> Dealer's Open Lot <input type="checkbox"/> Scheduled Vehicles	Per Auto		Per Location	
	Comprehensive	\$_____	\$_____	\$_____
	Specified Causes	\$_____	\$_____	\$_____
	Collision	\$_____	\$_____	\$_____

Description of Scheduled Vehicles: Include Make, Model, Year Value & Use

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

This application shall not be binding unless confirmation by the Company or its duly appointed representative 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
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Applicant's Signature