



## GARAGE APPLICATION

Please answer ALL questions in full.

Incomplete and/or missing answers will cause delays in processing or may cause coverage to be declined.

<b>POLICY PERIOD</b>	
1. Effective Date: _____	Expiration Date: _____

<b>APPLICANT INFORMATION</b>	
2. Individual___ Corporation___ Partnership___ Joint Venture___ Other: _____	
3. Named Insured: _____ (DBA) _____	
4. Mailing Address: _____	
5. Garaging Location #1: _____ Garaging Location #2: _____	
6. Years In Business: _____	Years of experience in this field: _____
7. Inspection (Contact/Phone #): _____	
8. Web Site Address: _____	

<b>NATURE OF BUSINESS</b>	
9. a. Dealer ID #: _____ Non - Franchised: _____ Franchised with: _____ ( ___Retail ___Wholesale ___*Auction ___Consignment Sales)	
b. Estimate the number of vehicles sold the prior year: _____	
c. Non-Dealer: ___Repair/Service ___*Towing Operation ___Other: _____	
d. ___*Salvage Operation/Auto Dismantling/Salvage Yard/Salvage Vehicles	
*If yes to Auction, Towing Operation or Salvage Operation, you must complete their addendum.	

<b>10. PERCENTAGE OF OPERATION</b>		
Please indicate all that applies and show percentage of operation of each:		
All Terrain Vehicles/Recreational Vehicles/Snowmobiles	Sales %	Repair %
Auto Parts: ___New ___Used		
Boats/Jet Skis or Other Watercrafts		
Car Wash: ___Attended ___Unattended/Self Serve		
Emergency Vehicles: ___Police ___Fire ___Ambulance		
Farm Machinery/Heavy Equipment		
Motor Homes/Mobile Homes		
Motorcycles/Scooters		
Parking Facility: ___Public ___Valet		
Private Passenger (including Pickups & Vans/SUV's)		
Storage/Impound Lot		
Service Station: ___Grocery Sales ___Liquor Sales ___Gas Sales		
Tires: ___New ___Used ___Re-Caps/Re-Treads/Split Rim Work		
Trailers: ___Semi Trailers ___Utility Trailers ___5 <sup>th</sup> Wheels		
Trucks and/or Truck Tractors (Other than Pickups & Vans/SUV's)		
Other: (Please specifically describe.)		

**ADDITIONAL UNDERWRITING INFORMATION:**

11. Are you engaged in any other operations?  Yes  No If yes, explain: \_\_\_\_\_
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12. Do you loan, lease or rent vehicles to others?  Yes  No
13. Do you allow customers to test drive vehicles unaccompanied?  Yes  No
14. Do you own or sponsor a race car?  Yes  No
15. Do you install or repair trailer hitches?  Yes  No
16. Do you perform any hydraulic work?  Yes  No
17. Do you modify, rebuild or perform conversions on vehicles?  Yes  No If yes, explain: \_\_\_\_\_
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18. Do you perform any frame straightening?  Yes  No
19. Do you repossess autos?  Yes (For Hire  &/or For Yourself )  No
20. Do you perform any work on airbags (including any deactivating) or breathalyzers?  Yes  No
21. Do you have a spray paint booth?  Yes  No If yes, is it U/L approved?  Yes  No
22. Any animals kept on the premises?  Yes  No
23. Do you tow for hire?  Yes  No If yes, will you need a state filing?  Yes  No
24. What is your max radius for pickup & delivery? \_\_\_\_\_ Miles.
25. How do you transport or drive away vehicles from the places where autos are purchased?  
 Employees  Contract Drivers  Other: \_\_\_\_\_
26. If you finance autos held for sale, do you:  
 a. Hold the title for final payment?  Yes  No  
 b. Finance for three months or less?  Yes  No  
 c. Require a certificate of insurance from the buyer?  Yes  No
27. a. When are titles transferred? \_\_\_\_\_  
 b. Do you require Personal Auto Insurance be in place prior to relinquishing a sold vehicle?  Yes  No
28. Key Control: a. Do you leave keys in the vehicles at any time?  Yes  No  
 b. Are keys stored in a lockbox?  Yes  No  
 c. Other: \_\_\_\_\_
29. Describe your theft barriers: \_\_\_\_\_
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30. Is your lot well lit at night?  Yes  No
31. Are signs posted to keep customers from work areas?  Yes  No
32. Are Firearms kept on the premises?  Yes  No
33. a. Is your lot patrolled by a security guard?  Yes ( Armed or  Unarmed)  No  
 b. Do you have any other security devices, i.e., cameras, alarms? If yes, describe: \_\_\_\_\_
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34. **PRIOR CARRIER / LOSS INFORMATION**

a. Prior Carriers for the last 3 years. If no prior insurance, state "NONE".

Policy Period	Carrier	Policy Premium	Date of Loss	Description of Loss	Amount Paid	Amount Reserved
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____

b. During the past 3 years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant?  No  Yes If yes, explain: \_\_\_\_\_

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WC: Do you carry Worker's Compensation Insurance?  Yes  No  
 If yes: Carrier: \_\_\_\_\_ Policy dates: \_\_\_\_\_

35. OWNERS, EMPLOYEES AND DRIVERS INFORMATION

LIST ALL OWNERS, EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS OF DRIVING AGE.

NAME	Driver's License No. & State	D.O .B.	Violations & Accidents Last 3 Y ears	Status	Hours Worked	Auto Use

- STATUS: Class I - Employees/Regular Operators
- 1. Active Owners, Partners & Officers
  - 2. Inactive Owners, Partners & Officers
  - 3. Salesperson
  - 4. Managers

- Class I - All Other
- 5. Lot Person
  - 6. Mechanic
  - 7. Clerical
  - 8. Occasional or Contract Driver
  - 9. Other:
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Class II - Non-Employees

- 10. Spouse of Owners, Partners & Officers
- 11. Children of Owners, Partners & Officers who are 14 years of age & older.  
Licensed or not. \_\_\_\_\_
- 12. Spouse of any other person furnished an auto.
- 13. Children of any other person furnished an auto who are 14 years of age & older.  
Licensed or not. \_\_\_\_\_

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

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

Number of Dealer Plates: _____	Plate #: _____
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