



# GARAGE APPLICATION

## General Information

Effective Date: \_\_\_\_\_

1. Your Name \_\_\_\_\_ Phone No. \_\_\_\_\_

(dba) \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Your Web site address \_\_\_\_\_

4. Location #1 Address \_\_\_\_\_

5. Location #2 Address \_\_\_\_\_

Is there work done elsewhere? i.e.; Roadside? \_\_\_\_\_ Customer's business location? \_\_\_\_\_

6. How long have you been in business? \_\_\_\_\_ How many years of related experience? \_\_\_\_\_

7. Type of Legal entity:  Individual  Partnership  Joint Venture  Limited Liability Corp.

Trust  Other Organization, including a Corporation (Please Describe) \_\_\_\_\_

8. Your Business operation? \_\_\_\_\_

Explain any other business, owned by you \_\_\_\_\_

## Coverages

### A. Garage Liability Limits

Each "Accident" "Garage Operations" "Auto" Only \$ \_\_\_\_\_, Other than "Auto" Only \$ \_\_\_\_\_

Aggregate "Garage Operations" Other Than "Auto" Only \$ \_\_\_\_\_

### B. Garagekeepers (for Customers Cars in your Care, Custody and Control)

Legal Liability  Direct Primary (Specified Causes of Loss/W Collision Only)

Specified Causes of Loss/w Collision **OR**  Comprehensive/w Collision

Limit of Liability at Location #1 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_

Limit of Liability at Location #2 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_

Specified Causes or Comp Ded.\$ \_\_\_\_\_ Collision Ded. \$ \_\_\_\_\_

### C. On Hook (Coverage for vehicle in tow) Legal Liability Only

Specified Causes of Loss/w Collision **OR**  Comprehensive/w Collision

Unit Description	Limit On Hook Coverage	Deductible
	\$	\$
	\$	\$

### D. Dealers Physical Damage (coverage for damage to your autos)

Fire & Theft  Specified Perils of Loss  Comprehensive Deductible per auto \$ \_\_\_\_\_

Limit of Liability at Location #1 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_

Limit of Liability at Location #2 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_

Blanket Collision (total for all listed locations) Limit \$ \_\_\_\_\_ Deductible per auto \$ \_\_\_\_\_

Interests covered: (check all those that apply)

Your interest in covered "autos" you own  Your interest only in financed covered "autos"

Your interest and the interest of any creditor named as loss payee

All interests in any "auto" not owned by you or any creditor while in your possession on consignment



**E. Loss Payable Name and Address (advise which unit this applies to)**

**F. Schedule of Covered Autos (Dealers only)** List any owned tow truck, car hauler, or service vehicle to be insured.

Unit #	Year, Model, Serial Number	Body Type	Where Garaged	Radius	Physical Damage Stated Amount	Deductible
					\$	\$
					\$	\$
					\$	\$

**G. Medical Payments Coverage**

Limit per person \$ \_\_\_\_\_  Premises only  Auto only  Premises and Auto

**H. Uninsured/Underinsured Motorist Coverage** (for requirements, check state status)

Yes  No If yes, limit(s) desired \$ \_\_\_\_\_

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

Number of Dealer Plates \_\_\_\_\_ Transporter Plates \_\_\_\_\_ Other (please describe) \_\_\_\_\_

**H. Personal Injury Protection Coverage (PIP)** (for requirements, check state statutes)  Yes  No

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

**I. Personal Injury Liability**

Limit of Liability \$ \_\_\_\_\_

**J. Fire Legal Liability**

Limit of Liability  \$50,000  \$100,000

**K. Broadened Coverage**

Limits of Insurance:

Fire Legal \$ \_\_\_\_\_

**L. Building, Personal Property, Inland Marine, and General Liability Coverage's** (only available in some states).

If coverage is selected, please complete and attach Acord Application.

**M. List any Additional Insured's to be named and advise what their interest is in this operation.**

Additional Insured -  Landlord  Lessor or Leased Equipment  Franchisee  \*\*Customer

\_\_\_\_\_ If customer, please attach a copy of the contract that requires the Additional Insured.

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**N. Previous Carrier and Loss Information. Complete all fields. Indicate if "None" applies.**

Previous Carrier	Policy Year	Premiums Paid	Description of Loss	Amount Paid	Amount Reserved
				\$	\$
				\$	\$
				\$	\$

**\*\*\*\*LOSS RUNS REQUIRED ON GARAGE RISKS WITH 8 (EIGHT) OR MORE EMPLOYEES\*\*\*\***

Has similar insurance ever been cancelled, declined or refused for renewal? (Not applicable in Missouri)  Yes  No  
 If **yes**, explain: \_\_\_\_\_

List All Owners, Employees, Clerical (Include any non-employee, silent owners or family members furnished an auto)							
	Last Name	First Name	Middle Initial	Name Suffix	Sex (M/F)	Date of Birth	License No.
1							
2							
3							
4							
5							

  

	License State	Drives Scheduled Vehicle #	Furnished a Car?	Job Duties – i.e., mechanic, clerical, detail, sales or lot person (If not employed, show "None")	Full Time	Part Time (20 hrs or less per week)
1						
2						
3						
4						
5						

**\*\*\*\*IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST\*\*\*\***

**Security and Protection**

- Do you store vehicles overnight?  Yes  No If **yes**, describe your lot protection (each location)  
 How are vehicles stored? \_\_\_\_\_
- Do you park customer's vehicles on the street?  Yes  No
- If you perform spray painting, do you have a spray booth?  Yes  No  
 Is it equipped with explosion proof lights, outside ventilation & bay separation?  Yes  No
- Is your lot well lit at night?  Yes  No
- Are signs posted to keep customers from the work area?  Yes  No
- Are Firearms kept on the premises?  Yes  No
- Is your lot patrolled by a security guard?  Yes  No Is the guard armed?  Yes  No  
 Do you have any other security devices, i.e., cameras, alarms? If **yes**, please describe \_\_\_\_\_
- Do you have any animals on premises?  Yes  No
- Do you leave keys in vehicles?  Yes  No
- Describe how keys are controlled \_\_\_\_\_
- Describe how plates are stored/secured \_\_\_\_\_





- 6. Do you buy salvage for reconstruction?  Yes  No
- 7. Do you repair vehicles with damage totaling more than 75% of the ACV of the vehicle?  Yes  No
- 8. Do you modify, rebuild or perform conversions on vehicles?  Yes  No  
If **yes**, please explain \_\_\_\_\_
- 9. If you perform hydraulic repairs, do you repair any of the components that operate the lifting apparatus (i.e.: Components that lift persons and/or property)  Yes  No If **yes**, explain \_\_\_\_\_
- 10. Do you own, repair, service, or sponsor a race car?  Yes  No
- 11. Do you repossess autos?  Yes  No
- 12. Do you tow? For Hire \_\_\_\_\_ % Rotation \_\_\_\_\_ % Repo \_\_\_\_\_ %
- 13. Do you have a storage lot on premises?  Yes  No
- 14. Do you dismantle autos or have salvage operations?  Yes  No

**If you are a Dealer, please answer the following questions:**

- 1. Do salespeople accompany customers on all demonstration rides?  Yes  No
  - 2. What radius do you drive or transport vehicles from your location?  
 Less than 300 miles       300 – 500 miles       501 – 1000 miles       Over 1,000 miles
  - 3. How do you transport vehicles to and from your lot?
- |                     |  |                                 |  |
|---------------------|--|---------------------------------|--|
| Own Tow Truck       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Car Hauler Contracted by Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tow Bars or Dollies | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tow Trucks Contracted by Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Own Car Haulers     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Temporary or Contract Drivers   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- 4. Do you finance autos you sell?  Yes  No
  - 5. Do you repossess autos you sell?  Yes  No
  - 6. Are titles transferred to purchaser at time of sale?  Yes  No  
If **No**, please explain \_\_\_\_\_
  - 7. How many vehicles are sold per year? \_\_\_\_\_
  - 8. Do you Advertise Autos on the Internet?  Yes  No  
If **yes**, please provide Internet Address (URL) \_\_\_\_\_

- 9. When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance?  Yes  No

**10. Do You Sell:**

Salvage Title Autos	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consigned Autos (If yes, attach consignment agreement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autos on the Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Autos Wholesale	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autos Retail	<input type="checkbox"/> Yes <input type="checkbox"/> No	Broker Autos	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 11. Where do you get the vehicles you sell? (i.e., auto auctions, trade-ins, etc.) \_\_\_\_\_



**Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

\_\_\_\_\_  
Applicant's Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature/Title

\_\_\_\_\_  
Date

**Agent**

Did your office control this risk in the past?  Yes  No

\_\_\_\_\_  
Agent's or Broker's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**