



**GARAGE
 INSURANCE APPLICATION**

Section I – General Information (These questions apply to both Dealer and Service Operations.)

Policy Period Desired From _____ to _____

1. Named Insured _____
 Type of Entity: Corporation Partnership Individual LLC Other: _____

2. For inspection purposes: _____
 Name of Contact _____ Interest in Business _____ Phone Number _____

Description of Operations: _____

3. Mailing Address: _____

4. Location #1 _____

Location #2 _____

Location #3 _____

Any Mobile Operations? _____ Give Details: _____

5. New Venture? Yes No
 Years Industry Experience _____ Insurance Carrier _____ Effective Dates _____

6. What type of vehicles do you sell / service? What Please place a percentage next to the type that apply. (Must total 100%)

Private Passenger, SUV, Lt trucks	%	Vehicles with GVW 10 – 25,000 GVW	%	Extra Heavy Trucks / Tractors	%
Motorhomes	%	Other Recreational Autos	%	Motor Coaches or buses	%
Motorcycles	%	Dirt Bikes or ATVs	%	Watercraft (Boats, Jetski's, etc.)	%
Farm / Contractor Equipment	%	Antique / Classic cars	%	High Performance Vehicles	%

7. What are the total annual gross receipts from your operation? \$ _____

8. Describe any other owned or non-owned operations or exposures at your business location. Include residences:

9. Do you pick up or deliver autos not owned by you? _____ Employee driven? _____ Use of Dolly? _____

10. Do you ever use contract drivers? _____
 If yes, they must be listed separate and including name, date of birth, Driver license number, and number of trips weekly. _____

11. What is your normal radius of operation & percentage? _____ % Less than 50 miles _____ % 50-300 miles _____ % over 300 miles

12. Do you loan or lease autos? _____ Do you loan or lease vehicles to customers while their auto is being repaired? _____

Section II – Complete if you sell ANY vehicles or equipment or own tags of any kind

13. Dealer: Franchised Non Franchised

- A. Retail
- B. Wholesale
- C. Auction
- D. Consignment

14. Where do you purchase vehicles? _____ Number of trips per month over 50 mile radius: _____

15. Do you buy or sell on the internet? _____

16. Do you have a website? _____ Address _____

17. How many vehicles did you sell last year? _____ Two years ago? _____ Three years ago? _____

18. Average number of autos for sale: _____ Maximum number on lot: _____ Average value: _____

19. Number of dealer tags: _____ Repair/Salvage tags: _____ Describe any other tags: _____

20. Details on tag security: _____

21. Do you copy the driver's license before test drives? _____ Do you accompany buyer on test drives? _____ Minimum age of test driver: _____

22. Describe procedure for title change: _____

23. Are employees allowed to use vehicles held for sale for personal use? _____ If so, are there restrictions? _____ Explain: _____

Section III – Complete if you service any vehicles held for sale or non owned vehicles – If no service or repair operations, go to Section IV.

24. Describe in detail the types of repairs and services performed: _____
25. Do you ever use any "used" parts? _____ Rebuilt parts? _____
26. Average value of customer cars on premises: \$ _____
27. Average number of cars kept inside building: _____ Average number of cars kept outside: _____
28. Number of service bays: _____ Number of outside parking spaces: _____ Are customers allowed in service areas? _____
29. Is smoking prohibited in service area? _____ Are signs posted? _____
30. Do you have fire extinguishers, currently tagged? _____
31. Are solvents and flammables stored in approved receptacle? _____
32. Is painting done in a UL approved spray painting booth? _____
33. Are welding operations separated from spray painting operations? _____
34. Are oil rags and waste products disposed of properly? _____
35. Do you own tow trucks? _____ If so, where are they insured? _____
36. Do you tow for your own repair operation? _____ Tow for hire? _____ 24 hour service? _____
37. Do you have gas pumps? _____ Full Service? _____ Self Serve? _____ Do they have clearly marked emergency shut off devices? _____
Rules posted? _____ (No smoking, Shut off engine, etc?) _____
38. What steps are in place to ensure that proper repairs are made and the vehicle is safe to return to the road? Check those that apply.
 Post Service Checklist Service Manager Review Test Drive Customer pre-approval of repairs
39. Check any of the following that may apply to your business. Provide details below on any that are applicable. None apply
- | | |
|--|--|
| <input type="checkbox"/> Auto dismantlers, rebuilders, restorers | <input type="checkbox"/> Renting, leasing or loaning vehicles |
| <input type="checkbox"/> Any salvage or wrecking operations | <input type="checkbox"/> Sell or store salvage vehicles |
| <input type="checkbox"/> Modify, build or perform conversions | <input type="checkbox"/> Repairs / Installations on emergency vehicles |
| <input type="checkbox"/> Frame straightening | <input type="checkbox"/> Hydraulic work |
| <input type="checkbox"/> Hitch installation | <input type="checkbox"/> Air bag or breathalyzer installation / repair |
| <input type="checkbox"/> Tire recapping | <input type="checkbox"/> Tire sales revenue / repairs > 25% of total revenue |
| <input type="checkbox"/> Self service bay rentals | <input type="checkbox"/> Equipment or tool rentals |
| <input type="checkbox"/> Consignment sales | <input type="checkbox"/> Gas sales revenues > 25% of total revenue |
| <input type="checkbox"/> Trailer sales, service or repair | <input type="checkbox"/> Dog on premises during or after hours |
| <input type="checkbox"/> Parking garage / Valet operations | <input type="checkbox"/> Work on or sponsor race cars or teams |
| <input type="checkbox"/> Repossess vehicles | <input type="checkbox"/> Convenience sales revenue > 35% of total revenue |
- ** Explain details of any that apply: _____
40. Additional Insureds: _____ Interest in Insured's operation: _____

Section IV – Lot Protections

41. Is your lot well lit? _____
42. Is lot fenced on all sides and locked after working hours? _____ If no, explain protection: _____
43. Signs posted to keep customers from work areas? _____
44. Are firearms kept on premises? _____
45. Describe key control: _____
46. Surveillance camera? _____ Security System? _____

Section V – Insurance History / Claims

47. Has your insurance been cancelled or non-renewed in the last 3 years? _____ If yes, explain: _____
48. Prior Carrier for the past 3 years.
- | | | | | | |
|-----------------|-------|-----------------|-------|----------------|-------|
| Current Carrier | _____ | Effective Dates | _____ | Policy Premium | _____ |
| Prior Carrier | _____ | Effective Dates | _____ | Policy Premium | _____ |
| Prior Carrier | _____ | Effective Dates | _____ | Policy Premium | _____ |
49. List any losses for the past 3 years. Write "NONE" if there have been no claims. Provide details and amount paid. Provide loss runs when available.

Section VI – Coverages and Limits Requested

- GARAGE LIABILITY** \$ _____ each accident \$ _____ aggregate (\$100 PD Deductible will apply)
- GARAGEKEEPERS (Legal Liability Form)** Causes of Loss Specified Causes with Collision or Comprehensive with Collision
 Total Limits: Location #1 \$ _____ Location #2 \$ _____
 Deductibles: Specified Causes or Comprehensive \$ _____ Collision \$ _____
 Maximum Deductible per loss \$ _____
- DEALERS PHYSICAL DAMAGE** Causes of Loss Specified Causes with Collision or Comprehensive with Collision
 Maximum value per Vehicle \$ _____ Average value per Vehicle \$ _____
 Total Limits: Location #1 \$ _____ Location #2 \$ _____
 Deductibles: Specified Causes or Comprehensive \$ _____ Collision \$ _____
 Maximum Deductible per loss \$ _____
 Interests Covered: Owner Owner & Creditor Consignment
 Drive away miles: 0 - 50 50 - 300 300 plus
 Other limits: Temporary Locations \$ _____ While in transit \$ _____
- PREMISES MEDICAL PAYMENTS** \$1,000 \$5,000
- AUTO MEDICAL PAYMENTS** \$5,000
- PERSONAL INJURY PROTECTION (PIP)** (Available only in applicable states)
- UNINSURED MOTORISTS** \$ _____ State Statutory Limit
- GARAGE BROADENING ENDORSEMENT**
 Personal and Advertising Injury Liability
 Host Liquor Liability Coverage
 Fire Legal Liability Coverage
 Incidental Medical Malpractice Liability Coverage
 Non-owned Watercraft Coverage
 Spouse of Partners as Insureds
 Limited Worldwide Liability Coverage
- FIRE LEGAL** \$50,000
- PERSONAL INJURY** \$ _____

Section VII – Employee Information

List the following information for all employees, drivers and household members of owner, sales manager and sales persons.

Name	License # (State)	Date of Birth	Violations and Accidents last 3 years	Job Duties Ownership	Years Experience	Hours Worked	Furnished Auto For Personal Use?

