



CREATIVE UNDERWRITERS CORPORATION
 140 EAST MAIN STREET, CARMEL, IN 46032
 1-800-769-4321 • Fax (317) 848-7869
 E-mail: GarageQuotes@CreativeUnderwriters.com

APPLICATION FOR GARAGE POLICY

Policy Period Desired: From _____ To _____

Business Trade Name: _____ Insured: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Phone (____) ____ - _____

Internet Address (If any): _____

Years in Business: _____ Years Sales/Repair Experience: _____ Business Entity: Individual Partnership Corp.

Describe your Operations: _____

Locations/Premises where you conduct Garage Operations

1. _____ 2. _____

GENERAL INFORMATION

A. What are your normal business hours? _____

Are autos stored at your premises after normal business hours? Yes No

If yes, describe your theft barriers/storage at each location, for autos you OWN (building, fence & gate or post & cable)

1. _____ 2. _____

Describe your theft barriers/storage at each location, for autos you do NOT OWN (building, fence & gate or post & cable)

1. _____ 2. _____

Do you own or lease Location 1? Own Lease Do you own or lease Location 2? Own Lease

B. Do you have or maintain animals on your premises? Yes No

If yes, what types/breeds? _____

Are this/these animals pets? Yes No

Are they used for security purposes? Yes No

Do you maintain any other security measures not already listed? Yes No

If yes, explain: _____

C. Please provide value and number of autos stored at each location:

| | Max. Value of ALL Autos | Avg. Value Per Auto | Max. Value Per Auto | Avg. # of Autos | Max. # of Autos |
|-------------|-------------------------|---------------------|---------------------|-----------------|-----------------|
| Location #1 | | | | | |
| Location #2 | | | | | |

D. Describe your key controls during business hours: _____ After business hours: _____

If a key box is used, describe location of key box (in building or attached to autos): _____

- E. Do you pick up or deliver autos not owned by you? Yes No
 If yes, explain: _____
 Do you tow for hire?..... Yes No
 If yes, explain: _____
- F. Who drives or tows vehicles to your premises? _____
- G. What is your normal radius of operations? _____
- H. Do you Loan or Lease autos? Yes No
 If yes, do you loan or lease autos to customers while their auto is being repaired?..... Yes No
 Do you loan or lease autos for shorter than 12 months? Yes No
- I. Do you sell or store salvaged autos? Yes No
 If yes, please indicate the purpose: Sale of Salvage Titled Autos ___% Rebuilding/Repairing Customers Autos ___%
 Sale of Used Parts ___% Other ___% Explain: _____
- J. List ALL Owners, Employees & Drivers

| | Name | DOB | Driver License Number | State of DL | CDL? | |
|----|--|-----------------|-----------------------------------|-------------------|------------------|-------|
| | | | | | Y/N | Class |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| | Furnished Auto? | Works at Loc. # | Violations & Accidents Past 3 Yrs | Full or Part Time | Job Title/Duties | |
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

- K. List ALL Family members and non-family members (except customers):
 (Indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished.)

| | Name | DOB | Driver License Number | State of DL |
|----|--|--|-----------------------------------|--------------|
| 1. | | | | |
| 2. | | | | |
| | Will drive for <u>or</u> Work in business? | Furnished Auto? | Violations & Accidents Past 3 Yrs | Relationship |
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

- L. Will anyone listed in either Items J. or K. use an auto for reasons other than listed?..... Yes No
 If yes, please explain: _____
- M. Have all members of your household been disclosed on this application?..... Yes No
 If no, explain: _____
- N. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application?..... Yes No N/A

INSURANCE HISTORY

Has your insurance been cancelled or non-renewed within the last 3 years (not applicable in MO)? Yes No

If yes, please explain: _____

A minimum of 3 year history is required. If 3 year history is unavailable, please explain: _____

Current Carrier: _____ Eff. Date: _____ Exp. Date: _____ Policy Premium: _____

Prior Carrier: _____ Eff. Date: _____ Exp. Date: _____ Policy Premium: _____

Prior Carrier: _____ Eff. Date: _____ Exp. Date: _____ Policy Premium: _____

| Date of Loss | Amount | Description of Loss |
|--------------|--------|---------------------|
| | | |
| | | |
| | | |
| | | |

UNDERWRITER INFORMATION

Please provide your percentage of operations (Percentages MUST equal 100%).

| | | Repair | Sales | | | Repair | Sales |
|-------|---|--------|-------|----|--|--------|-------|
| 1 | Private passenger cars, SUV's Pick-up trucks, vans | % | % | 8 | Equipment (farm, construction, contractors, etc.) | % | % |
| 2 | Motorhomes | % | % | 9 | Travel Trailers or Camper Trailers | % | % |
| 3 | Motorcycles | % | % | 10 | Utility Trailers or Livestock Trailers | % | % |
| 4 | Motor-coaches or Buses | % | % | 11 | Trucks, Tractors, Semi-Trailers | % | % |
| 5 | Watercraft (Boats, Jet Skis, etc.) | % | % | 12 | Salvage Titled Autos | % | % |
| 6 | Dirt Bikes or ATV's | % | % | 13 | Salvage Parts | % | % |
| 7 | All Other Recreational Autos | % | % | 14 | Other: _____ | % | % |
| Total | | | | | | 100% | |

Total Gross Receipts from:

All Vehicle/Equipment Sales \$ _____ All Repair \$ _____ Other Product Sales \$ _____

Tow Truck Operations \$ _____

All Vehicle/Equipment Sales Dealer / Sales Information

1. Where do you purchase vehicles? _____

Do you buy or sell vehicles on the Internet? Yes No

Explain: _____

2. Do you drive-away more than 300 miles from point of purchase? Yes No

If yes, how often? _____

3. How many vehicles do you sell per year? _____ How many of those are on consignment? _____

4. How many dealer plates do you have? _____

5. Do you repossess vehicles? Yes No
 If yes, are these autos you have sold? Yes No
 Do you repossess autos for banks or other dealers? Yes No
6. Test drives: Do you always obtain a copy of the customer's license? Yes No
 Do you always obtain proof of insurance? Yes No
 Do you always ride along? Yes No

Auto Service/Repair/Installation Information

1. What percentage of your work is (Total of percentages must equal 100%):

| | % | | % | | % | | % | | % |
|------------|---|--------------|---|-------------|---|---------------|---|----------------------------|---|
| Oil & Lube | | Brakes | | Frame Work | | Clear Coating | | Lift Kit Installation | |
| Tune-Up | | Hitches | | Painting | | Stereo System | | Suspension (Not Lift Kits) | |
| Muffler | | Upholstery | | Body Work | | Alarm System | | Wheel Alignment | |
| Radiator | | Tires (New) | | Wash/Detail | | Transmission | | Performance Adjustments | |
| Electrical | | Tires (Used) | | Window Tint | | Windshield | | Other: _____ | |

2. Do you do any welding? Yes No
 If yes, explain: _____
3. Do you have a spray paint booth? Yes No If yes, is it U/L approved? Yes No
 Is it ventilated? Yes No Are fixtures covered/protected? Yes No
 Is paint stored in fire-resistive cabinets outside the paint booth? Yes No
4. Do you sell gasoline? Yes No If yes, how many gallons per year? _____
 Do you sell LPG? Yes No If yes, how many gallons per year? _____
5. Do you recap tires or sell recapped tires? Yes No

COVERAGE REQUESTED

- GARAGE LIABILITY** \$ _____ each accident \$ _____ aggregate Deductible \$ _____
- GARAGEKEEPERS** (Coverage for customers' vehicles while in your care, custody & control)
 Legal Liability Causes of Loss: Specified Causes w/ Collision Comprehensive w/ Collision
 Total Limits: Location #1: \$ _____ Location #2: \$ _____
 Deductibles: Spec. Causes or Comp. Ded. \$ _____ Collision Ded. \$ _____
 Maximum Ded. Per Loss: \$ _____
 In-Transit Limits (On-Hook): \$ _____ per auto (Garagekeepers coverage required to qualify for In-Transit Coverage)
- DEALERS PHYSICAL DAMAGE** (Coverage for damage to auto's while held for sale)
 Causes of Loss: Specified Causes w/ Collision Comprehensive w/ Collision
 Total Limits: Location #1: \$ _____ Location #2: \$ _____
 Deductibles: Spec. Causes or Comp. Ded. \$ _____ Collision Ded. \$ _____
 Maximum Ded. Per Loss: \$ _____

Type: New or Used Interests Covered: Owner Owner and Creditor (Bank) Consignment

Drive-away Miles (If over 300 miles): _____

Other Limits: At Temporary Locations: \$_____ While in Transit: \$_____

Loss Payee: _____

Loss Payee Address: _____

PREMISES MEDICAL PAYMENTS \$1,000 \$5,000

SPECIFICALLY DESCRIBED AUTOS

| Veh. No. | Year | Make | Body Type | V.I.N. | ACV | GVW |
|----------|------|------|-----------|--------|-----|-----|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

| Veh. No. | Radius | Personal, Service or Comm'l Use? | Filings Required | | Coverages Desired? Y/N | | | Loss Payee |
|----------|--------|----------------------------------|------------------|-----------|------------------------|------------|-------|------------|
| | | | Y/N | State/Fed | Liab. | Phys. Dam. | Other | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

UNINSURED MOTORIST \$_____ PERSONAL INJURY PROTECTION \$_____

FIRE LEGAL LIABILITY \$50,000

Additional Insured: _____

Address: _____

Explain the relationship between the named insured and the additional insured: _____

Remarks: _____

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

I have completed and signed a state form selecting or rejecting Uninsured / Underinsured Motorist Coverage.

Signature of Applicant: _____ Date: _____

Agency Name and Agent's Signature: _____ Date: _____