



**CREATIVE UNDERWRITERS CORPORATION**  
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**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**

- Where do you purchase vehicles? \_\_\_\_\_  
 Do you buy or sell vehicles on the Internet? .....  Yes  No  
 Explain: \_\_\_\_\_
- Do you drive-away more than 300 miles from point of purchase? .....  Yes  No  
 If yes, how often? \_\_\_\_\_
- How many vehicles do you sell per year? \_\_\_\_\_ How many of those are on consignment? \_\_\_\_\_
- 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: \_\_\_\_\_