



Garage Insurance Application

GENERAL INFORMATION

Policy Term: From: _____ To: _____

Name: _____ Phone: () _____

Address: _____ Contact Name: _____

Location Address 1. _____ Home Phone: () _____

2. _____

3. _____

DESCRIPTION OF OPERATIONS

Individual
 Partnership
 Corporation
 Other _____

Used Car Dealership
 Service Operation
 Both

Applicant's Years in Business: _____ Applicant's Years at this Location: _____

COVERAGE	LIMITS OF LIABILITY	
<input type="checkbox"/> Liability—Garage Operations	Auto Only	\$ _____ Each Accident—Dealers Only
<input type="checkbox"/> Dealer <input type="checkbox"/> Non-Dealer	Other Than	\$ _____ Each Accident—Dealers and Non-Dealers
<input type="checkbox"/> P.D. Deductible \$ _____	Auto	\$ _____ Aggregate
<input type="checkbox"/> Personal Injury Protection	\$ _____	
<input type="checkbox"/> Added P.I.P.	\$ _____	
<input type="checkbox"/> Medical Payments	\$ _____	<input type="checkbox"/> Auto <input type="checkbox"/> Premises & Operations <input type="checkbox"/> Both
<input type="checkbox"/> Uninsured Motorist	\$ _____	Each Accident
<input type="checkbox"/> Underinsured Motorist	\$ _____	

Dealer Plates: _____

Dealers Open Lot Physical Damage

Coverage	Loc.	Number of Autos Held for Sale		Enter Limit for Each Location		Deductible Per Auto	Max. Ded. for Any One Loss
		Maximum	Average	Max. Value Any One Auto	Max Value for All Autos		
<input type="checkbox"/> Specified Perils <input type="checkbox"/> Comprehensive	1			\$ _____	\$ _____	\$ _____	\$ _____
	2			\$ _____	\$ _____	\$ _____	\$ _____
	3			\$ _____	\$ _____	\$ _____	\$ _____
Collision				\$ _____	\$ _____	Deductible \$ _____	

Other Coverage—Specify: _____

Garagekeepers

Coverage	Loc.	Enter the Limit for Each Location Max. Value of All Autos in your C.C.C.	# of Autos	Deductible Per Auto	Max. Ded. for Any One Loss
<input type="checkbox"/> Direct Basis <input type="checkbox"/> Primary <input type="checkbox"/> Excess	<input type="checkbox"/> Specified Perils <input type="checkbox"/> Comp.	2		\$ _____	\$ _____
		3		\$ _____	\$ _____
		1		\$ _____	\$ _____
<input type="checkbox"/> Storage <input type="checkbox"/> In Tow	Collision	2		\$ _____	\$ _____
		3		\$ _____	\$ _____
		1		\$ _____	\$ _____

Other Coverage—Specify: _____

	Sales	Repair	Total Gross Receipts from:	
Private Passenger Autos (include pickups & vans)	_____ %	_____ %	All Sales & Repair	\$ _____
Motorcycles/Boats/Snowmobiles	_____ %	_____ %	Tow Truck Operations	\$ _____
Motor Homes/Utility Trailers/Campers	_____ %	_____ %	Other than Sales, Repair & Tow	\$ _____
Truck Tractors/Trailers/Semi-Trailers/5th Wheels	_____ %	_____ %		
Farm Machinery/Contractors Equipment	_____ %	_____ %		
Other—Describe: _____	_____ %	_____ %		
100%		100%		
Total Gross Receipts	\$ _____	\$ _____		

15. Do you repossess autos? Yes No
16. Do you engage in any dismantling/salvage or rebuilding autos? Yes No
17. Do you have frame straightening equipment? Yes No If "Yes," explain: _____
-
18. Do you deal in any of the following? Foreign Sports Cars Fiberglass Body
 Antique Autos Buses If "Yes," explain in Comment section.
19. Are customers permitted to test drive auto without a salesperson? Yes No
20. Are any automobiles consigned? Yes No
21. Where are keys to autos kept at night? _____ During business hours? _____
22. Please list any additional insureds or loss payees: _____

B. NON-DEALERS (SERVICE OPERATIONS)

Estimated annual payroll for all employees: _____ Number of employees: _____

C. DEALERS

Yes No

- Do you:** 1. Furnish or loan vehicles for any group or organization?
2. Have any consigned autos held for sale? If "Yes," include a copy of the contract.

If you finance autos held for sale, do you:

1. Hold title for final payment?
2. Finance for three months or less?
3. Require a certificate of insurance from the buyer?

When are titles transferred? _____

Who transports vehicles to and from auctions or other places where autos are purchased? _____

Are they on the drivers' list? Yes No Trips per year? 1-10 Over 10

Drivers are: Employees Contract Drivers Other: _____

D. DEALERS PHYSICAL DAMAGE AND GARAGEKEEPERS LIABILITY

1. Are autos kept: Inside _____% Outside _____%
- If autos are kept inside, indicate age, construction and condition of the building: _____
2. If autos are kept outside, is your lot protected on all sides by fence, chain, cable or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock?
 Yes No If "No," explain: _____

Where are the keys kept? _____

3. Is (Are) your lot(s) lighted? Yes No Is there police protection? Yes No
- Do you employ a guard while business is closed? Yes No

4. Loss Payee Name and Address: _____

5. Please indicate the interests to be covered and held for sale.

Your Interest in Covered Autos You Own	Your Interest Only in Financed Covered Autos	Yours and Financed Interest in Covered Autos	All Interest in Covered Autos
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Vehicle Storage—Indicate Lot Type.

Type of Facility	Location		
	1	2	3
Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Open Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonstandard Open Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. VEHICLE CONVERSIONS AND MODIFICATIONS—Complete the following if you modify vehicles for style, performance or handling characteristics.

1. Are you a member of the Recreational Vehicle Industry Association? Yes No
2. Do you comply with the requirements of Federal Regulation Title 49 in converting or modifying vehicles?
 Yes No
3. Do you subcontract any work to others? Yes No If "Yes," explain: _____

4. Are vehicles worked on owned by you? Yes No By others? Yes No
If owned by others, explain: _____
5. Do you provide a written contract? Yes No If "Yes," attach a copy of typical contract.
6. Do you provide a warranty? Yes No If "Yes," attach a copy.
7. Indicate type of work performed and/or equipment installed:

<input type="checkbox"/> Stoves	<input type="checkbox"/> Heaters	<input type="checkbox"/> Suspension	<input type="checkbox"/> Frame
<input type="checkbox"/> Tanks	<input type="checkbox"/> Refrigerators	<input type="checkbox"/> Brakes	<input type="checkbox"/> Steering Controls
<input type="checkbox"/> Air Conditioners	<input type="checkbox"/> Water Systems	<input type="checkbox"/> Chassis	<input type="checkbox"/> LPG Systems
<input type="checkbox"/> Other (describe): _____			

F. COMMENT SECTION

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract, should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Employee and Driver Information

Complete the information below for ALL employees. If a dealership, include all family members—employees or not.

	Name	A Position*	B F, P, or N**	C Vehicle Use***	Rating Units or Payroll	Surcharges	Final Rating Units
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Continue completing for above names.

	Birth Date	Driver's License Number	State	Violations & Accidents Last Three Years	No. Years Employed By You	No. Years Experience This Business	Indicate if Drive Tow Truck
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

A

*Position

1. Owner, Active Partner
2. Investment Partner, Inactive Partner
3. Sales Manager
4. Salesperson
5. Lot Person
6. Mechanic
7. Clerical Staff
8. Spouse of Owner(s)
9. Children of Owner(s)
10. Spouse and Children or any other person with a furnished auto.
11. Occasional Driver
12. Other

B

**F, P or N

- F—Full Time (Over 20 hours per week)
- P—Part Time (20 hours or less per week)
- N—Non-Employee

C

***Vehicle Use

1. Furnished (furnished vehicle for personal use).
2. Employee not furnished a vehicle owned by the business for personal use but used in a business capacity.
3. Non-Driving (does not drive vehicles owned by the business).
4. Non-employee with occasional access to vehicles owned by the business but not furnished a vehicle.
5. Operates customer's vehicles.