



APPLICATION FOR GARAGE POLICY

Agent Name: _____ Retailer: _____
 Agent # _____ Address: _____
 Address: _____
 _____ Agent Phone # _____

Proposed effective date: ____/____/____ to ____/____/____ Business Entity:
 Applicant Name: _____ Individual Joint Venture
 Mailing Address: _____ Partnership Corporation
 City: _____ State: _____ Zip: _____ Other: _____
 Insured Contact: _____ Contact Phone #: _____
 Description of Operations: _____
 Years in business: _____ Years of Experience in this field: _____ Web Site: _____
 If new venture, describe prior related experience: _____

Location 1 Address: _____ City: _____ State _____ Zip _____ Own Rent
 Location 2 Address: _____ City: _____ State _____ Zip _____ Own Rent
 Location 3 Address: _____ City: _____ State _____ Zip _____ Own Rent

INSURANCE HISTORY No prior insurance No prior losses

In the last 3 years has any company cancelled, declined or refused to issue similar insurance to the insured? Yes No

If yes, explain: _____

Current Carrier	_____	Eff Date	____/____/____	Exp Date	____/____/____	Premium	_____
Prior Carrier	_____	Eff Date	____/____/____	Exp Date	____/____/____	Premium	_____
Prior Carrier	_____	Eff Date	____/____/____	Exp Date	____/____/____	Premium	_____
Date of loss	____/____/____	Amount	_____	Description of Loss	_____	Driver	_____
Date of loss	____/____/____	Amount	_____	Description of Loss	_____	Driver	_____
Date of loss	____/____/____	Amount	_____	Description of Loss	_____	Driver	_____

<u>TYPES OF AUTOS SOLD/ REPAIRED</u>	Sales	Repair		Sales	Repair
Auto – Private Passenger New	____%	____%	*Golf Carts	____%	____%
Auto – Private Passenger Used	____%	____%	Heavy Truck (26,000+ GVW)	____%	____%
Antique or Classic Autos	____%	____%	Mobile Home	____%	____%
*ATV, Snowmobile, Dirt Bike	____%	____%	*Motorcycle or Scooter	____%	____%
*Boat or Watercraft	____%	____%	*Off Road 4x4	____%	____%
*Jet Ski	____%	____%	*Semi- Trailer	____%	____%
*Buses / Motor Coaches	____%	____%	Sports or High Performance	____%	____%
*Contractors Equipment	____%	____%	*RV & Camper (Motorhome)	____%	____%
*Emergency Vehicles or Public Livery	____%	____%	Trailer (Utility or Travel Trailer)	____%	____%
*Farm Tractors, Implements or Equipment	____%	____%	Other: _____	____%	____%

***SPECIALTY VEHICLE SUPPLEMENTAL REQUIRED**



DO YOU:	(Explain All Yes Answers below)		Yes	No		Yes	No
Structurally alter vehicles from factory design?	<input type="checkbox"/>	<input type="checkbox"/>			Park autos on public streets?	<input type="checkbox"/>	<input type="checkbox"/>
Convert vehicles from factory design?	<input type="checkbox"/>	<input type="checkbox"/>			Engage in auto or title pawning?	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor events for sports, racing, rides, rallies, shows, etc.?	<input type="checkbox"/>	<input type="checkbox"/>			Engage in towing for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Own, repair, service or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>			Perform Repossession Operations?	<input type="checkbox"/>	<input type="checkbox"/>
Sell, rebuild or repair autos with a salvage title?	<input type="checkbox"/>	<input type="checkbox"/>			If yes:		
If yes, _____% of operation & _____% of structural repairs					For Hire _____% For You _____%		
Dismantle Autos or have Salvage Operations?	<input type="checkbox"/>	<input type="checkbox"/>			Have animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Are autos stacked more than 3 high?	<input type="checkbox"/>	<input type="checkbox"/>			Have weapons on person/ premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a car crusher on site?	<input type="checkbox"/>	<input type="checkbox"/>			Sell uninstalled parts or accessories?	<input type="checkbox"/>	<input type="checkbox"/>
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>			If yes, Receipts: \$_____		
Loan, lease or rent autos to others?	<input type="checkbox"/>	<input type="checkbox"/>			Operate any other business ventures?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: <input type="checkbox"/> Loan/ Rent to customer while repairing their auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rent/ Lease to the public	<input type="checkbox"/>	<input type="checkbox"/>
					Rental/Loaner Agreement in place	<input type="checkbox"/>	<input type="checkbox"/>
Explain all yes answers: _____							

DEALER OPERATIONS

Nature of Business: Retail _____% Consignment _____% Export _____% Import _____% Wholesale* _____% Broker* _____%

Dealer's License Number: _____ **Wholesale Supplement Also Required*

Is this an Auction? Yes No

How many vehicles do you sell per year? _____ Do you sell over the internet? Advertising Only Sight-Unseen Sales

How many Dealer Plates do you have? _____

Do you have any other plates? Yes No If yes, what type and how many? _____

Is there a Personal Auto Policy in your household? Yes No If yes, what company? _____

Do you offer buy here/ pay here sales? Yes No

 If yes, **or if you Export** vehicles, when are the titles transferred into buyer's name? _____

 Are you listed as lienholder on the title? Yes No

Do salespeople accompany customers on all test drives? Yes No

 If no: Do you require a copy of their Driver's License & Proof of Insurance? Yes No

 Are customers under age 21 accompanied on all test drives? Yes No

Do you allow extended or overnight test drives? Yes No

Radius of pickup and delivery: 1-300 miles 301-500 miles 501-1,000 miles Unlimited

How do you transport autos: Owned Tow Truck or Car Hauler Owned Tow Bar or Dolly

Driven by Employees Contracted Tow Truck or Car Hauler Temporary or Contract Driver

NON-DEALER OPERATIONS

Where do you conduct operations? Your Premises _____% Customer's Location _____% Roadside _____%

 Other _____%

Are signs posted to keep customers from work areas? Yes No

Do you sell any of the following: Gasoline Diesel Fuel LPG Kerosene Fuel Oil Liquefied Natural Gas

 If yes, Gross Receipts: \$_____ \$_____ \$_____ \$_____ \$_____ \$_____

How many Repair/Transporter plates do you have? _____

Do you pick-up or deliver customers' vehicles? Yes No

 If yes, how far do you go? _____ Miles How often? _____ Times a week



NON-DEALER OPERATONS

"Auto" refers to types of vehicles identified on page 1

Alarm, Stereo or Navigational Systems	_____ %	Gasoline Station	_____ %
Alignment	_____ %	Full Serve <input type="checkbox"/> Self-Serve <input type="checkbox"/>	
Airbags	_____ %	Handicap Vehicle Conversion	_____ %
Auto Dismantling	_____ %	Lift Kits / Lowering Kits (max # of _____ inches)	_____ %
Auto Body Shop	_____ %	Oil /Lube	_____ %
Auto Painting	_____ %	Parking Lot or Garage (self-park)	_____ %
Auto Restoration	_____ %	Roadside Assistance	_____ %
Brakes	_____ %	Roadside Tires _____% <i>If any, complete tire section</i>	
Breathalyzer / Ignition Interlock Sales, Installation, Service	_____ %	Safety Inspections	_____ %
Car Wash: Full Service _____% Self Service _____%	_____ %	Storage/Impound Lot	_____ %
Convenience Store	_____ %	Suspension	_____ %
Receipts \$_____		Transmission	_____ %
Cooking / Restaurant exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tires – <i>If any, complete tire section:</i>	_____ %
Customization and/or Performance Enhancement	_____ %	Towing	_____ %
Purpose: Go Faster _____% Cosmetic _____%		Trailer Hitch Install or Repair	_____ %
Run Better _____%		Bolt _____% Weld _____%	
Detailing	_____ %	Tune Ups / Maintenance	_____ %
Engine Repair	_____ %	Valet Parking (Valet supplemental required)	_____ %
Fabrication / Machine Shop	_____ %	Welding <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	_____ %
Fiberglass Body Repair	_____ %	Window Tinting	_____ %
Fuel Conversion (CNG, Nitrous): Type: _____	_____ %	Windshield Install or Repair	_____ %
Frame Work: Straightening <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Other: _____	_____ %
Cutting/Stretching <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you cut between the axles? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are all spray painting operations completed in a separate, ventilated room?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all paints and solvents stored in a fire resistive cabinet outside the paint booth?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain if No _____			

TIRES (Complete if any percentage of Tires above)

1) New Tires _____% Used Tires _____	5) Do you perform Rim Repair <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Do you fix/change tires for heavy trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: a) Are tires removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: Recaps/Re-Treads _____% Split Rim Work _____%	b) Cosmetic Only? <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Do you sell Tires over 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	6) Do you rent or lease Tires? <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Describe quality assurance to ensure tires are properly installed & inflated and all lug nuts properly tightened: _____	

AUTO STORAGE AND VALUES – DEALER AND NON-DEALER

Is your lot fully fenced and gated? Yes No

If no, describe lot security: Security Cameras Building Age: _____ Construction: _____

After Hours Lighting PC: _____ Central Station Alarm? Yes No

Other: _____

Are keys secured in a lock box? Yes No Serviced and charged fire extinguishers on site? Yes No

Are keys left in or on any vehicles? Yes No Are No Smoking signs posted? Yes No

If no, describe key controls: _____

<u>Owned Autos Held for Sale:</u>		<u>Non-Owned Autos:</u>	
Value Per Auto: Average _____	Max _____	Value Per Auto: Average _____	Max _____
Number of Autos: Average _____	Max _____	Number of Autos: Average _____	Max _____



PEOPLE: LIST ALL OWNERS, EMPLOYEES and DRIVERS (INCLUDE ANY HOUSEHOLD MEMBERS WHO DRIVE YOUR CARS)

Note: EMPLOYEE includes 1099 and other 'subcontracted' persons who work in your "Garage Operation" and do not have their own insurance.

Name	Driver's License Number	State	Date of Birth	Loc #	Within the past 3 yrs.		Status	Hours Worked	Auto Usage
					Violations	Accidents	*See Below (1-12)	**See Below (F,P,N)	***See Below (A-D)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

MISSOURI ONLY: Anyone under the age of 21 must be listed on the MUS 70019 Driver Exclusion, with the insured's signature.

Explain any violations or accidents: _____

Have all owners, employees, drivers & household members of driving age been disclosed above? Yes No

***STATUS**

Class I – Employees/Regular Operators

- 1 Active Owner, Partner or Officer
- 2 Inactive Owner, Partner or Officer
- 3 Salesperson
- 4 Manager

Class I – All Other

- 5 Lot Person
- 6 Mechanic
- 7 Clerical
- 8 Contract Driver
- 9 Other: _____

Class II – Non-Employees

- 10 Spouse of Owner, Partner or Officer
- 11 Child of Owner, Partner or Officer (14 years of age or older) whether licensed to drive or not
- 12 Other: _____

**** HOURS WORKED**

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

***** AUTO USE**

- A Furnished a covered auto for business and personal use
- B Drives a covered auto strictly for business & carries a separate personal auto policy
- C Drives a covered auto strictly for business & DOES NOT carry a separate personal auto policy
- D Does not drive a covered auto

SCHEDULED AUTOS						Use: P = Personal S = Service (used to service the risk itself) C = Commercial (tow truck for hire)						
Year	Make	Model	VIN	Value	Loss Payee							
GVW	Use	Radius	Filings Required		Check Coverages Desired							
			<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll	<input type="checkbox"/> Med Pay	<input type="checkbox"/> UM/UIM	<input type="checkbox"/> PIP		
			<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll	<input type="checkbox"/> Med Pay	<input type="checkbox"/> UM/UIM	<input type="checkbox"/> PIP		
			<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll	<input type="checkbox"/> Med Pay	<input type="checkbox"/> UM/UIM	<input type="checkbox"/> PIP		



COVERAGE & LIMITS		
Garage Liability	<u>Limit of Garage Liability</u> Auto _____ Other Than Auto _____ Each Accident Other Than Auto _____ Aggregate Limit	<u>Deductible</u> Each Accident _____ Bi & PD _____ Each Accident _____ Aggregate Limit
Garagekeepers	<u>Limit of Coverage</u>	
<input type="checkbox"/> Legal Liability	Location 1 _____	Maximum Value Per Single Auto _____
<input type="checkbox"/> Direct Excess	Location 2 _____	_____ Deductible Per Auto
<input type="checkbox"/> Direct Primary	Location 3 _____	_____ Deductible Per Occurrence
<input type="checkbox"/> Comprehensive & Collision	In- Tow Coverage:	<input type="checkbox"/> For Hire <input type="checkbox"/> Not-For-Hire
<input type="checkbox"/> Specified Causes & Collision	Limit Per Tow Truck: _____	Number of Tow Trucks _____
Dealers Physical Damage	<u>Limit of Coverage</u>	
<input type="checkbox"/> Comprehensive & Collision	Location 1 _____	Maximum Value Per Single Auto _____
<input type="checkbox"/> Specified Causes & Collision	Location 2 _____	_____ Deductible Per Auto
	Location 3 _____	_____ Deductible Per Occurrence
	<u>Coverage applies to:</u> (Check at least 1)	
<input type="checkbox"/> False Pretense	<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Consigned Autos
	<input type="checkbox"/> Your interest and the interest of any creditor as Loss Payee (provide name/address below)	
Dealer's Errors & Omissions (\$50,000 Limit) <input type="checkbox"/> Truth in Lending <input type="checkbox"/> Federal Odometer <input type="checkbox"/> Title <input type="checkbox"/> Insurance Agents		
Medical Payments	Auto Medical _____	Garage Operations /Premises Medical _____
Uninsured Motorists	Each Accident _____	Number of Tags: Dealer _____ Transporter _____
Underinsured Motorists	Each Accident _____	Uninsured Motorists Property Damage _____
Personal Injury Protection	Limit Per Statute _____	
Radius of Pickup & Delivery <input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1,000 Miles <input type="checkbox"/> 1,000+ Miles		
<input type="checkbox"/> Broadened Coverage (includes Personal Injury and \$ 50,000 in Damage to Rented Premises)		<input type="checkbox"/> Hired Auto
<input type="checkbox"/> Damage to Rented Premises Limit _____		<input type="checkbox"/> Broad Form Products
<input type="checkbox"/> Personal Injury Liability (do not select if Broadened Coverage is requested)		<input type="checkbox"/> Drive Other Car
<input type="checkbox"/> Additional Insured	Name _____	
<input type="checkbox"/> Waiver of Subrogation (landlord only)	Address: _____	
Insurable Interest/ Relationship to risk: _____		
Additional Information (Include any Related GL Operations you wish to package with the Garage Policy) :		

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 may be subject to civil and criminal penalties.		
I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.		
_____ Signature of Agent	_____ Date	_____ Signature of Applicant

