



**GARAGE RENEWAL APPLICATION**

Renewal Period: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Insured Name: \_\_\_\_\_ Has Insured Name changed?  Yes  No

If yes, explain: \_\_\_\_\_

Has Mailing or Location Address changed?  Yes  No If yes, provide new address information:

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Web Site: \_\_\_\_\_

Are any changes to coverage requested at renewal (additions, removals, limits)?  Yes  No

If yes, complete the following changes you wish to make. All coverages will renew the same as expiring except as requested below.

- |  |                     |  |          |
|--|---------------------|--|----------|
| <input type="checkbox"/> Liability       | \$ _____ (____ Agg) | <input type="checkbox"/> Uninsured Motorists | \$ _____ |
| <input type="checkbox"/> Physical Damage | \$ _____            | <input type="checkbox"/> PIP                 | \$ _____ |
| <input type="checkbox"/> Garagekeepers   | \$ _____            | <input type="checkbox"/> Medical Payments    | \$ _____ |

Circle One: Auto Premises Both

Other (coverage and limit): \_\_\_\_\_

<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 IF NEW EXPOSURE**

**DEALER OPERATIONS**

Nature of Business: Retail \_\_\_\_% Consignment \_\_\_\_% Export \_\_\_\_% \*Wholesale \_\_\_\_% \*Broker \_\_\_\_%

Dealer's License Number: \_\_\_\_\_ *\*Wholesale Supplement Required If New Exposure*

How many Dealer Plates do you have? \_\_\_\_\_ Do you have any other plates?  Yes  No

How many vehicles do you sell per year? \_\_\_\_\_ 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, when are titles transferred to the buyer's name? \_\_\_\_\_

Are you listed as lienholder on the title?  Yes  No



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

Owned Autos Held for Sale (complete if requesting Dealers Physical Damage):

Value Per Auto: Average \_\_\_\_\_ Max \_\_\_\_\_ Number of Autos: Average \_\_\_\_\_ Max \_\_\_\_\_

**NON-DEALER OPERATIONS**

Are there any changes in work you perform?  Yes  No

If yes, explain: \_\_\_\_\_

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

**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. MUST COMPLETE ANNUALLY**

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



<b>SCHEDULED AUTOS</b>						<b>Use: P = Personal S = Service (used to service the risk itself) C = Commercial (tow truck for hire)</b>					
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

Provide updated information regarding losses:

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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

