



Desired Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

**GENERAL INFORMATION**

1. Named Applicant (you): \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Web Site Address: \_\_\_\_\_
5. You are:  Individual  Partnership  Corporation
6. You are:  Owner  Tenant Does owner of premises need to be named as additional insured?  Yes  No  
 If yes, owner's name: \_\_\_\_\_
7. Description of Operation: \_\_\_\_\_
8. Your Business is:  Franchised Dealer  Non-Franchised Dealer  Repair Shop  Service Station
9. Do you conduct any other business other than stated in item 7 from any location?  Yes  No
10. Person to Contact:  
 For Inspection (Name & Phone Number) \_\_\_\_\_  
 For Accounting Records (Name & Phone Number) \_\_\_\_\_
11. Current management has controlled the business since \_\_\_\_\_ (yr.) And has been in this type of business since \_\_\_\_\_ (yr.)
12. Is this a new venture?  Yes  No

13. (a) **Previous 3 Years' Carriers and Loss Experience**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

- (b) During the past three (3) years has any insurer cancelled or refused to renew?  Yes  No  
 If yes, explain \_\_\_\_\_
- (c) Are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_

14. Limits of Liability and Coverage(s) Requested – **(Check desired coverage and insert limits)**

- (a)  **Bodily Injury & Property Damage Liability** CSL (State Permitting) Each Accident \$ \_\_\_\_\_ Aggregate (Garage operations only) \$ \_\_\_\_\_  
 (Property Damage Liability – subject to \$100 deductible completed operations) (Maximum Aggregate Limit - 2 million)  
 Limited Liability for Customers (State Permitting – Designate Choice)  
 Unlimited Liability for Customers  
 **Passenger Hazard** – Financial Responsibility Limit only (State Permitting)  
 **Personal Injury Protection** (State Permitting)

**UNINSURED/UNDERINSURED MOTORISTS**

- Uninsured Motorists** \$ \_\_\_\_\_ each person/\$ \_\_\_\_\_ each accident or \$ \_\_\_\_\_ SL
- Underinsured Motorists** \$ \_\_\_\_\_ each person/\$ \_\_\_\_\_ each accident or \$ \_\_\_\_\_ SL

**APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE  
 SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED  
 INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

**List All Locations To Be Covered for bodily injury and property damage liability –**

Location No. 1 – Address
Location No. 2 – Address

(b) **NUMBERS (sets) OF PLATES HELD BY YOU:** \_\_\_\_\_

**(ENTIRE APPLICATION MUST BE COMPLETED)**

(c) **GARAGEKEEPERS LIABILITY**

ALL COVERAGES

- Maximum limit of any one unit: \_\_\_\_\_  
 \$500 Deductible     **Specified Causes of Loss and Collision**  
 \$1,000 Deductible  
 Other Deductible \_\_\_\_\_

- Legal Liability**  
 **Direct Primary**  
 **Direct Excess**

**List All Business Locations To Be Covered –**

	Garagekeepers Limit	Garagekeepers		Applicant Occupies
		Average/Maximum Value Per Auto	Average/Maximum Number of Autos	
No. 1				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises
No. 2				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises

(d) **DEALERS' PHYSICAL DAMAGE**

ALL COVERAGES

\*Non-Reporting Form Only

- Specified Causes of Loss  
 \$500 deductible     \$1,000 deductible  
 Collision  
 \$500 deductible     \$1,000 deductible

**List All Locations To Be Covered –**

	Dealers Physical Damage Limit Per Location: \$	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
No. 1			
No. 2			

Any loss payees?  Yes  No    If yes, give name and address of loss payee: \_\_\_\_\_

15. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

**CLASS I EMPLOYEES**

Number

Number

**Definitions:**

- |                                                              |       |                                                                                                          |       |
|--------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------|-------|
| (A) Proprietors, Partners, Executives active in the business | _____ | (E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles | _____ |
| (B) Sales Persons                                            | _____ | (F) Other employees or operations whose duty is driving garage vehicles for delivery or Driveaway        | _____ |
| (C) General Managers                                         | _____ | (G) All other employees                                                                                  | _____ |
| (D) Service Managers                                         | _____ |                                                                                                          |       |

**COMPLETE ALL SECTIONS BELOW:**

Driver information (list all drivers to be covered including family members not residents of the household who are furnished automobiles).

Name	†Duties or Title	Full Time (FT) ††Part Time (PT)	Date of Birth	Driver License Number	State	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.						
2.						
3.						
4.						

†Insert letter from above definitions  
 ††Part Time = less than 20 hours per week

**NON-EMPLOYEES (CLASS II)**

Number \_\_\_\_\_

Complete for all Non-Employee drivers defined as follows:

- (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished.
- (2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished.
- (3) List all members of your household who are 14 years of age and older regardless of whether licensed or operating vehicles.
- (4) Any other persons furnished an auto.

**List all non-employees as defined above:**

Name	Date of Birth	If Member of Household Show Relationship	Driver License Number	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.				
2.				
3.				
4.				

The Policy may be extended to cover only one four-wheel automobile of the Truck or Commercial Type with a load capacity of 1500 pounds or less provided such Vehicle is Specifically Described in the Policy – The Policy will not extend to cover any additional Vehicle nor any Private Passenger Automobile.

**Description of automobile to be covered:**

Year	Model	Body Type	Load Capacity	Identification No.	Radius

**UNDERWRITING INFORMATION**

- 1. Are floors free of oil, grease and other flammable materials? 1.  Yes  No
- 2. Do you store gasoline on location? 2.  Yes  No
- 3. Are ignition keys left in vehicles that are stored? 3.  Yes  No  
If not where? \_\_\_\_\_
- 4. During working hours - where are keys to units? \_\_\_\_\_
- 5. Are windows on sides and back barred? 5.  Yes  No
- 6. Are bolt locks on all doors? 6.  Yes  No
- 7. Is the front and back well lighted? 7.  Yes  No
- 8. Do you have an alarm system? Type \_\_\_\_\_ 8.  Yes  No
- 9. Do you have a sprinkler system? 9.  Yes  No
- 10. Do you have fire extinguishers? 10.  Yes  No
- 11. Do you sell any of the following?
 

Mobile Homes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Camper Trailers (Pull Type)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Boats	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Motorcycles	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Snowmobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
All Terrain Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Golf Carts	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Lawn & Garden Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Motorhomes	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Jet Skis/Waverunners	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Other (Specify) _____	
- Sale, repair or installation of trailer hitch or 5<sup>th</sup> wheel connections  Yes  No \_\_\_\_\_ %
- 12. If you sell motorcycles:
  - a) Do you sell units under 50 ccs? 12.  Yes  No
  - b) Are units you sell required to be registered for road use?  Yes  No
  - c) Is a motorcycle license required to operate the units you sell?  Yes  No
  - d) Are you involved with modification and/or kit installation?  Yes  No

