## **APPLICATION FOR GARAGE POLICY**

Applicant Name:		/dba		Ag	ent: _			
Mailing Address:	Address:		Ade	dress: _				
Phone Number:		Contact Name _			 W	/ebsite		
Proposed effective dat	te:/	_/ to	/	/				ss Entity:
Years in business:	Years	of Experience in thi	is field:				Individual	☐ Joint Venture
If New Venture, descri	be experience :					🗆	Partnership	☐ Corporation
Description of Operations:							Other:	
	Same as Mailing Ac							
			City:			State	e Zip _	<del> </del>
2) Address:			City: _			State	e Zip _	<del> </del>
3) Address:			City: _			State	e Zip _	<del> </del>
List any other business	s operations operate	ed by you:						<del></del> -
INSURANCE HISTOR	No prior in	surance						
Current Carrier		/_	/	Exp Date	/	/	Premium	
Prior Carrier		Eff Date/_	/	Exp Date	/	/	Premium	
Prior Carrier		Eff Date/_	/_	Exp Date	/	/	Premium	
If yes, explair LOSS HISTORY	n: No prior lo	sses			<del> </del>			
Loss Year	Amount	Description				Dri	iver	
Loss Year	Amount	Description			<del> </del>	Dri	iver	
Loss Year	Amount	Description				Dri	iver	<del> </del>
		AUT	O EXP	<u>DSURE</u>				
Auto – Used Private F	Passenger, Light Tru	icks%	6	Golf Carts –	Off Roa	ad Use		%
Auto Auction (held on	your premises)	%	6	*Heavy Truc	k (26,00	00 GVW)		%
Antique or Classic Au	to	9⁄	6	High Perforr	mance o	r Race Ca	ar	%
ATV, Snowmobile, Dir	t Bike	9/	6	Mobile Hom	e or Tin	y Home		%
*Boat or Jet Ski		9/	6	*Motorcycle		oter		%
*Bus		9		Off Road 4x				%
Camper or Travel Trai	iler	9		*RV, Campe		tor Coach		%
Emergency Vehicles		9		*Semi-Traile				%
*Equipment – Contrac		9		Trailer (Utilit	-	estock)		%
Golf Carts – Licensed for Road Use			6	*Valet Parki	ng			%
Other:								%
		*Comple	ete SUF	PPLEMENT				

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<u>DO YOU</u> :						
Obtain certificates of insurance from all sub-contractors?	lo Have weapons on person/ premises? ☐ Yes ☐ No					
Loan, lease or rent autos to others?						
If yes: ☐ Loan/ Rent to customer while repairing their auto ☐ Re	nt/ Lease to the public					
Explain all yes answers:						
DEALER OPER Nature of Business:	<u>RATIONS</u>					
Broker% Import%	*Salvage / Reconstructed Titled Autos%					
Consignment% Internet%	*Wholesale %					
Export% Retail%	*Complete Supplement					
Vehicles sold per year						
Number of Dealer Plates Number and type of any other plates:						
List all states where you conduct business:						
Who transports your vehicles?   Driven by Owner/Employees   Te						
☐ Owned Tow Truck or Car Haule						
DO YOU:						
Have a Personal Auto Policy in your household?	☐ Yes ☐ No					
Accompany customers on all test drives?	☐ Yes ☐ No					
<u>lf no, do you:</u>						
Allow extended or overnight test drives?	☐ Yes ☐ No					
Require a copy of their Driver's License & Proof of Insurance?	☐ Yes ☐ No					
Accompany anyone under age 21?						
Offer Buy-Here / Pay-Here Sales, Rent-to-Own, Lease-to-Own, or in-ho	use financing?					
If yes, do you:						
Transfer title to the customer as lienholder and immediately report th	e sale to the state?					
NON-DEALER OF	EDATIONS					
Nature of Business: Repair on Premises% Mobile Repair _						
	/0					
DO YOU:  Allow customers to drive vehicles into the bay? ☐ Yes ☐ No						
Park autos on public streets?						
Have signs posted to keep customers from work areas? ☐ Yes ☐ No  Have No Smoking signs posted? ☐ Yes ☐ No						
Have serviced and charged fire extinguishers on site?	_					
Have Repair/Transporter plates? If yes, # Yes						
Pick-up or deliver customers' vehicles?	<del>_</del>					
Sell any autos? ☐ Yes ☐ No						
If yes, how many do you sell per year?						
Have any other sales exposure? ☐ Yes If yes, provide:	□ No					
Number of pumps: Gasoline Diesel Fuel	☐ LPG					
	rrts \$ Convenience Store \$					
Other: \$						
· · · · · · · · · · · · · · · · · · ·	_					

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NON-DEALER OPERATONS "Auto" refers to types o	of vehicles i	dentified on page 1 *SUPPLEMENT REQUIRED				
Alarm, Stereo or Navigational Systems	%	Gas Station ☐ Full Serve ☐ Self-Serve%				
Alignment	%	Handicap Vehicle Conversion*%				
Alarms, GPS, Radio/Stereo, Sirens	 %	Impound / Storage Yard %				
Airbags	 %	Inspection Station%				
Auto Dismantling	 %	Lift / Lowering Kits Max # inches%				
Auto Restoration Ground-Up?  Yes No	%	Machine Shop%				
Bedliner Installation	 %	Oil /Lube%				
Body & Paint Shop	 %	Parking Lot or Garage (self-park)%				
Brakes	 %	Parts Sales (Uninstalled)				
Breathalyzer / Ignition Interlock	 %	Pawn Shop – Auto and/or Title Pawn				
Car Wash ☐ Full Service ☐ Self Service	<u></u> %					
Is there an automated car wash on premises? ☐ Yes ☐ I		Roadside Assistance%  24 Hr?				
If yes, who drives vehicles through? ☐ Customer ☐ Emp		Salvage Operations*				
Convenience Store	%	Salvage Titled Auto Repair /Rebuilding%				
Cooking / Restaurant exposure? ☐ Yes ☐ No		Salvage Yard%				
Customization and/or Performance Enhancement	%	Suspension%				
Purpose: ☐ Speed ☐ Appearance ☐ Run Better		Tires (If any, complete tire section below)%				
Detailing (hand wash/detail only)	%	Trailer Hitch Install or Repair%				
DIY Self Service Bay Rental	 %	Bolt% Weld%				
Engine Repair	%	Transmission %				
Fabrication / Machine Shop	%	Tune Ups / Maintenance%				
Fiberglass Body Repair	%	Window Tinting%				
Frame Work: Straightening	 %	Windshield Install or Repair%				
Cutting/Stretching		Wraps %				
Do you cut between the axles?		Wrecker For Hire Repo ☐ Yes ☐ No%				
Fuel Conversion (CNG, Nitrous) Type	%	Wrecker Not For Hire %				
Are all spray painting operations completed in a separate, ven	ntilated room	?				
Are all fiberglass resins, paints and solvents stored in a fire re						
Explain if No						
<u> </u>						
TIRES and RIM REPAIR (Complete if any percentage of Tires	s above)					
1) New Tires% Used Tires	(	6) Do you perform Rim Repair				
2) Do you fix/change tires for heavy trucks?   Yes   No		If yes: a) Are tires removed? ☐ Yes ☐ No				
3) Do you sell Tires over 5 years old? ☐ Yes ☐ No		b) Cosmetic Only? ☐ Yes ☐ No				
4) Do you rent or lease Tires?						
5) Describe quality assurance to ensure tires are properly in	stalled & inf	lated and all lug nuts properly tightened:				
AUTO STORAGE – DEALER AND NON-DEALER						
☐ Fully fenced and gated?☐ In Building Age: Construction:		PC: Central Station Alarm?				
Other		ochida otation Alaini:   165   No				
Do you store autos anywhere other than your lot?	□ No If	yes, where?				
Are keys left in or on any vehicles?						
Are keys secured in a lock box?	☐ No					
If no, describe key controls:						

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## **PEOPLE:** LIST ALL OWNERS, EMPLOYEES and DRIVERS. INCLUDE ANY HOUSEHOLD MEMBERS WHO DRIVE YOUR CARS, CONTRACT DRIVERS, 1099 AND OTHER EMPLOYEES WHO DO NOT HAVE THEIR OWN INSURANCE Driver's License FT or Date of Furnished Loc Accidents/Violation Status Name Number & State PT Birth Y/N s (past 3 yrs.) (see below) 1 2 3 4 5 6 7 8 9 10 ☐ Yes ☐ No Blanket Contract Driver Exposure: All owners, employees, drivers & household members of driving age are disclosed above: Yes No MISSOURI ONLY: Anyone under the age of 21 must be listed on the MUS 70019 Driver Exclusion, with the insured's signature. **STATUS** Active Owner, Partner or Officer 1 6 Named Contract Driver 2 Inactive Owner, Partner or Officer 7 Clerical 3 Employee who operates covered autos 8 Mechanic Non-Employee with no personal auto policy in place

COVERAGE & LIMITS					
Garage Liability Deductible					
Limit of Garage Liability Auto/Other Than Auto/Aggregate					
Radius of Pickup & Delivery:					
Dealer's Errors & Omissions (\$50,000 Limit) ☐ Truth in Lending ☐ Federal Odometer ☐ Title ☐ Insurance Agents					
☐ Package Additional GL Operations:					
Garagekeepers <u>Limits of Coverage</u>					
☐ Legal Liability ☐ Comprehensive & Collision Location #1 Max Limit Per Vehicle					
☐ Direct Excess ☐ Specified Causes & Collision Location #2					
Direct Primary Deductible Location #3					
In - Tow Coverage: 🗌 For Hire 🔲 Not-For-Hire Limit Per Tow Truck: Number of Tow Trucks					
Dealers Physical Damage *Limits of Coverage					
Comprehensive & Collision Location 1 Max Limit Per Vehicle					
Specified Causes & Collision Location 2					
Deductible Location 3					
☐ False Pretense Coverage <u>*Limit Calculation:</u> Value Per Auto: Average Max					
Number of Autos: Average Max  Coverage applies to: (Check at least 1)					
☐ Your interest in covered autos you own ☐ Consigned Autos					
☐ Your interest and the interest of any creditor as Loss Payee (provide name/address below)					

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ADDITIONAL COVERA	GE OPTIONS						
<ul><li>☐ Medical Payments</li><li>☐ Personal Injury Protection</li></ul>		rations /Premises Limit _ ute)		Auto Limit			
Uninsured Motorists Underinsured Motorists Uninsured Motorists Prope	Each Ac erty Damage Limit			r of Plates: Deal	er		
Personal Injury Protection Limit Per Statute							
<ul> <li>□ Broadened Coverage (includes Personal Injury and \$ 100,000 in Damage to Rented Premises)</li> <li>□ Damage to Rented Premises</li></ul>							
ADDITIONAL INSURED OPTIONS							
☐ Owner of Garage Prem☐ Designated Insured(C							
Blanket Additional Insured Grantor of Franchise (CA 2049) Leased Equipment (CA 2047) Waiver of Subrogation Provide Insurable Interest/ Relationship to risk:							
SCHEDULED AUTOS							
Coverage(s): Liability Comprehensive & Collision Specified Causes & Collision Deductible							
Year Make	· ·	VIN	Value	GVW	Use	Radius	- -

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## FRAUD STATEMENT

## (Not applicable in the states mentioned below where a specific warning applies.)

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.

In AL, AR, AZ, DC, LA, MD, NM, RI & WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines, (restitution in AL) or confinement in prison.

**In Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**In Florida and Oklahoma:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**In Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation in NY).

**In Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**In New Jersey:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**In Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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, correct and complete to the best of my knowledge and no material facts have been suppressed or misstated.						
Signature of Agent	Date	Signature of Applicant				

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