

CID Insurance Programs Inc. DBA CID Insurance Services

APPLICATION FOR GARAGE POLICY

Proposed Policy Period: From: _____ To: _____

Named Insured: _____ DBA: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Phone: _____

Internet Address (If any): _____ FEIN: _____

Inspection/Audit Contact Name and Telephone Number: _____

Years in Business: _____ Years Sales/Repair Experience: _____

Have you ever operated a garage business under another name?..... Yes No

If yes, please explain: _____

Business Entity: Individual Partnership Corporation Other: _____

Describe your Operations: _____

Do you engage in any other operations? Yes No

If yes, please explain: _____

Are you a licensed auto dealer? Yes No

Dealer ID No.: _____

Locations/Premises where you conduct Garage Operations:

1. _____

2. _____

Do you own or lease Location 1? Own Lease

Do you own or lease Location 2? Own Lease

GENERAL INFORMATION

1. What are your normal business hours? _____

2. Are autos stored at your premises after normal business hours?..... Yes No

a. If yes, describe your theft barriers/storage at each location for autos you **OWN** (building, fence and gate or post and cable):

Location 1: _____

Location 2: _____

b. If yes, describe your theft barriers/storage at each location for autos you do **not OWN** (building, fence and gate or post and cable):

Location 1: _____

Location 2: _____

c. Owned Auto Values (Dealers Physical Damage):

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
Location No. 1	\$	\$	\$		
Location No. 2	\$	\$	\$		

d. Nonowned Auto Values (Garagekeepers):

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
Location No. 1	\$	\$	\$		
Location No. 2	\$	\$	\$		

3. Do you have or maintain animals on your premises? Yes No

If yes, what types/breeds? _____

Are these animals pets? Yes No

Are they used for security purposes? Yes No

Are they professionally trained? Yes No

Are warning signs posted? Yes No

Where are they kept during business hours? _____

4. Total Gross Receipts from:

All Vehicle/Equipment Sales:..... \$ _____

All Repair: \$ _____

Other Uninstalled Product Sales: \$ _____

Tow Truck Operations: \$ _____

5. Describe your key controls during business hours: _____ After business hours: _____

If a key box is used, describe location of key box (in building or attached to autos): _____

6. Do you pick up or deliver autos not owned by you? Yes No

If yes, how many times per week? _____ What is the average and maximum radius traveled? _____

7. Do you tow for hire?..... Yes No

If yes, please explain: _____

8. Who drives or tows vehicles to your premises? _____

9. Do employees use their own vehicles within the scope of their employment? Yes No

If yes, how many times per week? _____ What is the average and maximum radius traveled? _____

10. Do you obtain certificates of insurance from all sub-contractors utilized (transporters, etc.)? Yes No

11. Do you utilize unscheduled contract drivers? Yes No

If yes, do you verify that they have valid U.S. driver licenses? Yes No

How many per: Week: _____ Month: _____ Year: _____

12. Do you loan or lease autos to others? Yes No
 Do you loan autos to customers while their auto is being repaired? Yes No
 If yes, provide copy of agreement.

13. How many plates do you have or do you plan to procure in the next twelve (12) months?
 Dealer: _____ Dealer plate numbers: _____
 Registration/Transporter: _____ Transporter plate numbers: _____
 Describe how plates are being used: _____

 Where are plates stored when not in use? _____
 Do you sell, loan, or rent plates to others? Yes No
 If yes, please explain: _____

14. Do you perform operations or have driving exposures in the following states?
 New York? Yes No
 New Jersey? Yes No
 Other (besides states of domicile)? Yes No
 If yes, describe: _____

15. Do you repossess vehicles? Yes No
 If yes, are these autos you have sold? Yes No
 Do you repossess autos for banks or other dealers? Yes No

16. Do you sell gasoline? Yes No
 If yes, how many gallons per year? _____
 Do you sell LPG? Yes No
 If yes, how many gallons per year? _____

17. Do you own and/or sponsor any vehicles used in racing events? Yes No
 If yes, provide details: _____

18. List ALL Owners, Employees and Drivers/Contract Drivers:
 (Full Time = over twenty [20] hours/week)

Name	DOB	Driver's License No.	State of DL	CDL?		Finished Auto? Y/N	Works at Loc. No.	Violations and Accidents Past Three Years	Full or Part Time	Job Title/ Duties
				Y/N	Class					

19. List ALL Family members and non-family members, including all persons that have access to covered vehicles (except customers):

Name	DOB	Driver's License No.	State of DL	Will drive for or Work in business? Y/N	Furnished Auto? Y/N	Violations and Accidents Past Three Years	Relationship

20. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? Yes No N/A

21. Please provide your percentage of operations (Percentages MUST equal one hundred percent [100%]):

* Requires completed supplemental application	Repair	Sales
Private passenger cars, SUVs, pick-up trucks, vans	%	%
Motor Homes	%	%
Motorcycles*	%	%
Buses*	%	%
Watercraft (boats, jet skis, etc.)	%	%
Dirt Bikes or ATVs/UTVs and all other recreational autos*	%	%
Farm Equipment	%	%
Construction/Contractor's Equipment*	%	%
Travel trailers or camper trailers	%	%
Utility trailers or livestock trailers	%	%
Trucks, tractors, semi-trailers*	%	%
Salvage parts	%	%
Other: _____	%	%
TOTAL	100%	100%

UNDERWRITING INFORMATION—DEALERS (if no dealer operations, proceed to SERVICE)

22. Where do you purchase vehicles? _____
 Do you buy or sell vehicles on the Internet? Yes No
 If yes, please explain: _____

23. Do you drive-away more than three hundred (300) miles from point of purchase? Yes No
 If yes, how often and to where? _____

24. How many vehicles do you sell per year? _____
 Retail: _____% Wholesale: _____% Consignment (attach consignment agreement): _____%

25. When are titles transferred to customer? _____

26. Do you require personal auto insurance to be in place prior to relinquishing a sold vehicle? Yes No

27. Do you export autos?..... Yes No
 If yes, are titles transferred prior to the auto leaving your care for shipping? Yes No

28. Test drives:

- Do you always obtain a copy of the customer's license? Yes No
 Do you obtain proof of insurance when available? Yes No
 Do you always ride along? Yes No
 Do you permit overnight test drives? Yes No

UNDERWRITING INFORMATION—SERVICE (if no service operations, proceed to INSURANCE HISTORY)

29. List the percentage of your work (Percentages MUST equal one hundred percent [100%]):

Type of Work	Percent	Type of Work	Percent
Oil and Lube	%	Wash/Detail	%
Tune-Up	%	Window Tint	%
Muffler	%	Clear Coating	%
Radiator	%	Stereo System	%
Electrical	%	Alarm System	%
Brakes	%	Transmission	%
Hitches: <input type="checkbox"/> Bolt on <input type="checkbox"/> Weld On	%	Windshield	%
Upholstery	%	Lift Kit Installation	%
Tires (New)	%	Suspension (Not Lift Kits)	%
Tires (Used)	%	Wheel Alignment	%
Frame Work	%	Performance Adjustments	%
Painting	%	LPG	%
Body Work	%	Other: _____	%

30. Do you have quality control checks in place to ensure that repairs have been performed properly? Yes No
 31. Are signs posted to keep customers out of the work area? Yes No
 32. Do you do any welding? Yes No
 Inside Outside Mobile Safeguards: _____
 33. Do you have a spray paint booth? Yes No
 Is it U/L approved? Yes No
 Is there an exhaust ventilation system? Yes No
 Are lighting/fixtures explosion proof? Yes No
 Is paint stored in fire-resistive cabinets outside the paint booth? Yes No
 34. Is a frame straightening machine used? Yes No
 Make/Model: _____
 35. Any frame cutting/stretching? Yes No

INSURANCE HISTORY

36. Has your insurance been cancelled or non-renewed within the last three years? (Not applicable in Missouri) Yes No
 a. If yes, please explain: _____

 b. A minimum of three year history is required. If three year history is unavailable, please explain: _____

Current Carrier	Eff. Date	Exp. Date	Policy Premium
			\$
Prior Carrier	Eff. Date	Exp. Date	Policy Premium
			\$
Prior Carrier	Eff. Date	Exp. Date	Policy Premium
			\$

Date of Loss	Amount	Description of Loss
	\$	
	\$	
	\$	
	\$	

COVERAGES REQUESTED

37. Check applicable box(es):

GARAGE LIABILITY:

Each Accident Limit: \$ _____ Aggregate Limit: 1x 2x 3x
Deductible:\$ _____

MEDICAL PAYMENTS: Applicable to: Garage Operations Autos Both

Limits: \$500 \$1,000 \$2,500 \$5,000

UNINSURED MOTORIST: \$ _____ PERSONAL INJURY PROTECTION: \$ _____

ADDITIONAL INSURED: _____

Address: _____

Explain the relationship there will be between the named insured and the additional insured: _____

GARAGEKEEPERS (Coverage for customers' vehicles while in your care, custody and control):

Legal Liability Direct Primary

Maximum Limit Per Vehicle:.....\$ _____

Causes of Loss: Specified Causes w/Collision Comprehensive w/Collision

Total Limits: Location No. 1:\$ _____

Location No. 2:\$ _____

Deductibles: Specified Causes or Comprehensive Deductible:.....\$ _____

Collision Deductible:.....\$ _____

Maximum Deductible Per Loss:.....\$ _____

In-Transit Limits (On-Hook): \$ _____ per auto (Garagekeepers coverage required to qualify for coverage)

Number of autos being towed or carried per each transporter: _____

DEALERS PHYSICAL DAMAGE (Coverage for damage to autos while held for sale):

Maximum Limit Per Vehicle:.....\$ _____

Causes of Loss: Specified Causes w/Collision Comprehensive w/Collision

Total Limits: Location No. 1:\$ _____

Location No. 2:\$ _____

Deductibles: Specified Causes or Comprehensive Deductible:.....\$ _____
 Collision Deductible:.....\$ _____
 Maximum Deductible Per Loss:.....\$ _____

Type: New Used

Interests Covered: Owner Owner and Creditor (Bank) Consignment

Other Limits: At Temporary Locations: \$ _____ While in Transit: \$ _____

Loss Payee: _____

Loss Payee Address: _____

Drive-away Miles (if over three hundred [300] miles): _____

SPECIFICALLY DESCRIBED AUTOS:

Vehicle No.	Year	Make	Body Type	VIN	ACV	GVW
1						
2						
3						

Vehicle No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Yes/No	State/Federal	Liability	Physical Damages	Other	
1								
2								
3								

ADDITIONAL COVERAGES REQUESTED

38. Check applicable box(es):

- CA 20 27 Registration Plates Not Issued For A Specific Auto (Max \$100,000 limit available)
- CA 25 03 False Pretense: \$25,000 \$50,000 Other: \$ _____
- CA 25 08 Personal Injury Liability
- CA 25 10 Damage To Rented Premises Liability: \$50,000 \$100,000 \$300,000
- CA 25 14 Broadened Coverage (Includes Personal Injury Liability and Damage To Rented Premises):
 \$50,000 \$100,000 \$300,000
- CA 99 10 or CA 99 18 Drive Other Car (Dealers only; Individuals included for this coverage must be rated as furnished)
- WHI 26-0401 Federal Odometer Errors and Omissions
- WHI 26-0841 Auto Dealer's Error and Omissions (Includes Truth-In-Lending, Odometer and Title E&O)

Remarks: _____

PROPERTY INFORMATION

39. Location where you conduct garage operations: _____

40. Coverage/Valuation Requested:

Subject of Insurance	Amount	Co-Insurance Percent	Protection Class	Valuation: ACV or RC	Coverage Form: Basic, Broad or Special	Deductible
Building Coverage						
Building 1	\$					\$
Building 2	\$					\$
Business Personal Property						
Building 1	\$					\$
Building 2	\$					\$
Business Income:						
Building 1						
With Extra Expense	\$					\$
Without Extra Expense	\$					\$
Building 2						
With Extra Expense	\$					\$
Without Extra Expense	\$					\$

41. Building Information:

Building No.	Building Age	Building Constr.	Total Sq. Ft. Building	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System	Fire Protection System	Burglar Alarm—Type
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local


42. Building Improvements: (Provide year updated)

	Wiring	Roof	Plumbing	HVAC	Other
Building 1					
Building 2					

This application does not bind the applicant or the Company to an agreement. However, the information stated on the application shall be the basis of the contract should a policy be issued. The application does not provide coverage or limits and may reflect different coverages or limits than offered by the Company.

FRAUD WARNINGS: Attach completed WHI APP-152, State Fraud Notification Compliance form.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____  DATE: _____
(Authorized owner, partner or executive officer)

Retail Agent Name: _____

Address: _____

PRODUCER'S NAME: _____ DATE: _____

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Valet Parking Supplemental Application (Attach to a completed General Information Application; ACORD is acceptable.)

Complete a separate supplemental application for each location.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

1. Applicant's Name: _____
2. Provide years of experience in valet parking services: _____
3. Provide years in business: _____
4. Name of business for which you provide valet parking services: _____
Address of business for which you provide valet parking services: _____
Type of establishment you are providing valet parking services for: _____
Will the establishment provide you with a Commercial General Liability certificate of insurance? Yes No
If yes, do you have a certificate of insurance on file? Yes No
5. Number of valet parking spaces reserved: _____
What is the average value of the vehicles parked? _____
What is the maximum value of the vehicles parked? _____
6. Is the parking lot on the same premises of the establishment? Yes No
If no:
How far away is the lot? _____
What is the address of the lot? _____
Do you cross any public streets that are more than two lanes wide? Yes No
Are parked vehicles within one thousand (1,000) feet of the attendant? Yes No
Is the lot attended at all times? Yes No
7. Are customer's vehicles parked on a street? Yes No
8. Do you perform any directing of traffic? Yes No
If no, is directing of traffic subbed out? Yes No
9. Do you use a two or three part ticket system? _____
10. Where are the customer's keys kept? _____
11. Is overnight parking allowed? Yes No
If yes, how are customer's keys kept secure after valet hours? _____

12. Is self parking permitted in the same lot? Yes No
If yes, describe how valet parking area is designated and kept separate from self parking: _____

13. Do you provide valet parking services for special events away from these premises? Yes No
 If yes, please complete a separate supplemental application for each event and location.
14. Do you perform other operations other than valet parking services? Yes No
 If yes, describe all other operations: _____

15. Please describe any and all theft, vandalism and fire protection at the lot: _____

16. Please describe your hiring practices and employee control: _____

Fraud Warnings: Attach completed WHI APP-152.

Applicant or authorized representative of the applicant confirms and warrants that all of the above statements are true and accurate representations of my valet parking services.

Applicant's Name/Title

SIGN HERE

Applicant's Signature (Must be signed by an active authorized representative, owner, partner or executive officer)

Date

SIGN HERE

Producer's Signature

Date