

CID Insurance Programs Inc. DBA CID Insurance Services

National Casualty Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

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, explain: _____

Business Entity: Individual Partnership Corporation Other: _____

Describe your Operations: _____

Do you engage in any other operations? Yes No

If yes, explain: _____

Are you a licensed auto dealer?..... Yes No

Dealer ID No.: _____

License Type: Retail Wholesale Distributor Other: _____

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: _____

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

If yes, what types/breeds? _____

Are these animals: Pets Used for Security Purposes Professionally Trained

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, 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.)?..... N/A 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, explain: _____

14. In the next twelve (12) months, will you perform operations or have driving exposures in any of the following states?

a. New York New Jersey Michigan Illinois None of these

b. Other (besides state of domicile): Yes No

List states: _____

If yes, to a. or b. above, 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?		Furnished 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. Provide your percentage of operations (Percentages MUST equal one hundred percent [100%]):

	Repair	Sales
Private passenger cars, SUVs, pickup trucks, vans	%	%
Motor Home	%	%
Motorcycles	%	%
Buses	%	%
Watercraft	%	%
Dirt Bikes, ATV/UTV, recreational vehicle	%	%
Salvage Parts	%	%

	Repair	Sales
Farm Equipment	%	%
Construction/Contractor's Equipment	%	%
Travel trailers or camper trailers	%	%
Utility trailers or livestock trailers	%	%
Trucks, tractors, semi-trailers*	%	%
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, 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. Do you export autos?..... Yes No
 If yes, are titles transferred prior to the auto leaving your care for shipping? Yes No
26. Are titles transferred to customer upon relinquishing a sold vehicle? Yes No
 If no, explain? _____
27. Do you keep open titles on vehicles you buy or sell?..... Yes No
 If yes, explain: _____
28. Do you require personal auto insurance to be in place prior to relinquishing a sold vehicle? Yes No

29. 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)

30. 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:	%
Self-Service Bay Rental	%		

- 31.** Do you have quality control checks in place to ensure that repairs have been performed properly?..... Yes No
- 32.** Are signs posted to keep customers out of the work area? Yes No
- 33.** Do you do any welding? Yes No
 Inside Outside Mobile Safeguards: _____
- 34.** 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
- 35.** Is a frame straightening machine used?..... Yes No
 Make/Model: _____
- 36.** Any frame cutting/stretching? Yes No
- 37.** Do you allow any self-service operations on your premises (vehicle storage, repair, etc.)? Yes No
 If yes, please answer **a.** through **e.** below:
a. What self-service operations may customers perform? _____
b. Describe facility layout (separate bays, open lot, etc.) and theft barriers: _____

- c. How is access to the facility controlled? (Access code/card, key, etc.) _____
- d. Do you allow access when no employees are on duty? Yes No
If yes, explain how this is managed: _____
- e. Do you maintain a hold-harmless and/or lease agreement with customers? (If yes, provide copy) Yes No

INSURANCE HISTORY

38. Has your insurance been cancelled or non-renewed within the last three years? (Not applicable in Missouri) Yes No
- a. If yes, explain: _____
 - b. A minimum of three year history is required. If three year history is unavailable, 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

39. Check applicable box(es):
- GARAGE LIABILITY: Each Accident Limit: \$ _____ Aggregate Limit: 1x 2x 3x
Deductible: Other \$ _____ \$500 \$1,000 \$2,500 \$5,000
 - 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):

	Average Number of Autos	Maximum Number of Autos	Average Value of any One Auto	Maximum Value of any One Auto	Total Limits Requested
Location No. 1			\$		
Location No. 2			\$		

Type: Legal Liability Direct Primary
 Causes of Loss: Specified Causes w/Collision Comprehensive w/Collision
 Deductible: \$500/\$1,000 \$1,000/\$5,000 \$2,500/\$12,500 Other _____
 Optional Wind/Hail/Earthquake/Flood Deductible (no aggregate): None (physical damage deductible applies)
 \$1,000 \$1,500 \$2,000 \$2,500 \$5,000 Other _____
 Optional Theft Deductible (no aggregate): None (physical damage deductible applies)
 \$1,000 \$1,500 \$2,000 \$2,500 \$5,000 Other _____
 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):

	Average Number of Autos	Maximum Number of Autos	Average Value of any One Auto	Maximum Value of any One Auto	Total Limits Requested
Location No. 1			\$		
Location No. 2			\$		

Causes of Loss: Specified Causes w/Collision Comprehensive w/Collision Fire & Theft w/Collision
 Deductible: \$500/\$1,000 \$1,000/\$5,000 \$2,500/\$12,500 \$5,000/\$25,000 Other _____
 Optional Wind/Hail/Earthquake/Flood Deductible (no aggregate): None (physical damage deductible applies)
 \$1,000 \$1,500 \$2,000 \$2,500 \$5,000 Other _____
 Optional Theft Deductible (no aggregate): None (physical damage deductible applies)
 \$1,000 \$1,500 \$2,000 \$2,500 \$5,000 Other _____
 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): 500 miles 1,000 miles Unlimited

SPECIFICALLY DESCRIBED AUTOS INCLUDING VEHICLES AND MOBILE EQUIPMENT:

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

40. Check applicable box(es):

- Registration Plates Not Issued For A Specific Auto (Max \$100,000 limit available)
- False Pretense: \$25,000 \$50,000 Other: \$ _____
- Personal Injury Liability
- Damage To Rented Premises Liability: \$50,000 \$100,000 \$300,000
- Broadened Coverage (Includes Personal Injury Liability and Damage To Rented Premises):
 \$50,000 \$100,000 \$300,000
- Drive Other Car (Dealers only; Individuals included for this coverage must be rated as furnished)
- Federal Odometer Errors and Omissions
- Auto Dealer's Error and Omissions (Includes Truth-In-Lending, Odometer and Title E&O)
- Property (Optional coverages include Building, BPP, BIEE). Please complete appropriate Property ACORDs.
- Other coverage requested: _____

FRAUD WARNING: 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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 fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

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.

APPLICANT'S NAME: _____

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

RETAIL AGENT NAME: _____

ADDRESS: _____

PRODUCER'S NAME: _____ DATE: _____

National Casualty Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Insurance Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

COLLISION AND RESTORATION SUPPLEMENTAL APPLICATION
(To be completed in addition to CGZ-APP-6 Application for Garage Policy)

Applicant Name: _____

1. What is the training and experience of your employees? _____
2. What makes and models do you restore? _____
3. Do you inspect the frame, steering, gas line and tank, wiring system and brakes for corrosion? Yes No
What is your procedure? _____
4. Describe your parts washing system: _____
5. Are solvents stored in a fire-resistive cabinet? Yes No
6. Describe any system or procedures you use to maintain a safe environment: _____

7. How are the following stored and discarded:
Used tires: _____
Automotive fluids (e.g., motor oil): _____
Batteries: _____
8. Are you a custom, artistic paint operation? Yes No
(Any damages relating to custom paint jobs are calculated based on the cost of standard factory paint)
9. Do you fabricate/manufacture any parts? Yes No
If yes, explain: _____
10. Do you use disclaimer forms signed by your customers? (provide copy) Yes No
11. Do you keep records of the cost of all parts associated with an auto's restoration? Yes No
12. What warranty, if any, do you give? (provide copy) _____

REMARKS: (use this section to expand on answers that need further explanation) _____



Refer to the application form for state fraud warnings.

Applicant or authorized representative of the applicant, confirm and warrant that all of the above are true and accurate representations of my garage operation.

APPLICANT'S NAME/TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an authorized representative, owner, partner or executive officer)

PRODUCER'S NAME: _____ DATE: _____