



**APPLICATION FOR GARAGE POLICY**

Applicant Name: \_\_\_\_\_ /dba \_\_\_\_\_ Agent: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Contact Name \_\_\_\_\_ Website \_\_\_\_\_

Proposed effective date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Business Entity:**

Years in business: \_\_\_\_\_ Years of Experience in this field: \_\_\_\_\_  Individual  Joint Venture

If New Venture, describe experience: \_\_\_\_\_  Partnership  Corporation

Description of Operations: \_\_\_\_\_  Other: \_\_\_\_\_

Locations:  Same as Mailing Address

1) Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2) Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3) Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any other business operations operated by you: \_\_\_\_\_

**INSURANCE HISTORY**  No prior insurance

Current Carrier \_\_\_\_\_ Eff Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Premium \_\_\_\_\_

Prior Carrier \_\_\_\_\_ Eff Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Premium \_\_\_\_\_

Prior Carrier \_\_\_\_\_ Eff Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Premium \_\_\_\_\_

In the last 3 years has any company cancelled, declined or refused to issue similar insurance to the insured?  Yes  No  
If yes, explain:

**LOSS HISTORY**  No prior losses

Loss Year \_\_\_\_\_ Amount \_\_\_\_\_ Description \_\_\_\_\_ Driver \_\_\_\_\_

Loss Year \_\_\_\_\_ Amount \_\_\_\_\_ Description \_\_\_\_\_ Driver \_\_\_\_\_

Loss Year \_\_\_\_\_ Amount \_\_\_\_\_ Description \_\_\_\_\_ Driver \_\_\_\_\_

**AUTO EXPOSURE**

Auto – Used Private Passenger, Light Trucks \_\_\_\_\_% Golf Carts – Off Road Use \_\_\_\_\_%

Auto Auction (held on your premises) \_\_\_\_\_% \*Heavy Truck (26,000 GVW) \_\_\_\_\_%

Antique or Classic Auto \_\_\_\_\_% High Performance or Race Car \_\_\_\_\_%

ATV, Snowmobile, Dirt Bike \_\_\_\_\_% Mobile Home or Tiny Home \_\_\_\_\_%

\*Boat or Jet Ski \_\_\_\_\_% \*Motorcycle or Scooter \_\_\_\_\_%

\*Bus \_\_\_\_\_% Off Road 4x4 \_\_\_\_\_%

Camper or Travel Trailer \_\_\_\_\_% \*RV, Camper or Motor Coach \_\_\_\_\_%

Emergency Vehicles \_\_\_\_\_% \*Semi-Trailer \_\_\_\_\_%

\*Equipment – Contractors, Farm, Lawn \_\_\_\_\_% Trailer (Utility or Livestock) \_\_\_\_\_%

Golf Carts – Licensed for Road Use \_\_\_\_\_% \*Valet Parking \_\_\_\_\_%

Other: \_\_\_\_\_%

**\*Complete SUPPLEMENT**



**DO YOU:**

Obtain certificates of insurance from all sub-contractors?  Yes  No      Have weapons on person/ premises?  Yes  No  
Loan, lease or rent autos to others?  Yes  No      Have animals on premises?  Yes  No  
If yes:  Loan/ Rent to customer while repairing their auto  Rent/ Lease to the public  Rental/Loaner Agreement in place

**Explain all yes answers:** \_\_\_\_\_

**DEALER OPERATIONS**

Nature of Business:

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       Temporary or Contract Driver  Owned Tow Bar or Dolly  
 Owned Tow Truck or Car Hauler       Contracted Tow Truck or Car Hauler

**DO YOU:**

Accompany customers on all test drives?  Yes  No

If no, do you:

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?  Yes  No

Offer Buy-Here / Pay-Here Sales, Rent-to-Own, Lease-to-Own, or in-house financing?  Yes  No

If yes, do you:

Transfer title to the customer as lienholder and immediately report the sale to the state?  Yes  No

**NON-DEALER OPERATIONS**

Nature of Business:    Repair on Premises \_\_\_\_\_%    Mobile Repair \_\_\_\_\_%

**DO YOU:**

Allow customers to drive vehicles into the bay?  Yes  No

Park autos on public streets?  Yes  No

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?  Yes  No

Have Repair/Transporter plates?    If yes, # \_\_\_\_\_  Yes  No

Pick-up or deliver customers' vehicles?  Yes  No

If yes, how far do you go and how often? \_\_\_\_\_ Miles \_\_\_\_\_ Times a week

Sell any autos?  Yes  No

If yes, how many do you sell per year? \_\_\_\_\_

Have any other sales exposure?  Yes  No

If yes, provide:

Number of gallons:     Gasoline \_\_\_\_\_     Diesel Fuel \_\_\_\_\_     LPG \_\_\_\_\_

New Parts \$ \_\_\_\_\_     Used Parts \$ \_\_\_\_\_     Convenience Store \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_



**NON-DEALER OPERATIONS**

*"Auto" refers to types of vehicles identified on page 1*

**\*SUPPLEMENT REQUIRED**

Alarm, Stereo or Navigational Systems	_____%	Gas Station	<input type="checkbox"/> Full Serve	<input type="checkbox"/> 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	_____%	Machine Shop			_____%
Ground-Up? <input type="checkbox"/> Yes <input type="checkbox"/> No		Oil /Lube			_____%
Bedliner Installation	_____%	Parking Lot or Garage (self-park)			_____%
Body & Paint Shop	_____%	Parts Sales (Uninstalled)			_____%
Brakes	_____%	Pawn Shop – Auto and/or Title Pawn			_____%
Breathalyzer / Ignition Interlock	_____%	Roadside Assistance			_____%
Car Wash	_____%	<input type="checkbox"/> Full Service <input type="checkbox"/> Self Service			
Is there an automated car wash on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24 Hr?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tires	_____%
If yes, who drives vehicles through?	<input type="checkbox"/> Customer <input type="checkbox"/> Employee	Salvage Operations*			
Convenience Store	_____%	Salvage Titled Auto Repair /Rebuilding			_____%
Cooking / Restaurant exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salvage Yard			_____%
Customization and/or Performance Enhancement	_____%	Suspension			_____%
Purpose: <input type="checkbox"/> Speed <input type="checkbox"/> Appearance <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Windshield Install or Repair			_____%
Cutting/Stretching	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wraps			_____%
Do you cut between the axles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wrecker For Hire	Repo <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		_____%
Fuel Conversion (CNG, Nitrous) Type _____%		Wrecker Not For Hire			_____%
Are all spray painting operations completed in a separate, ventilated room?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Painting				
Are all fiberglass resins, paints and solvents stored in a fire resistive cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Explain if No _____					

**TIRES and RIM REPAIR** (Complete if any percentage of Tires above)

- |  |                               |  |
|--|-------------------------------|--|
| 1) New Tires _____% Used Tires _____   | 6) Do you perform Rim Repair  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Do you fix/change tires for heavy trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No                      | If yes: a) Are tires removed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Do you sell Tires over 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No                            | b) Cosmetic Only?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Do you rent or lease Tires? <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |                               |  |
| 5) Describe quality assurance to ensure tires are properly installed & inflated and all lug nuts properly tightened: _____ |                               |  |

**AUTO STORAGE – DEALER AND NON-DEALER**

Fully fenced and gated?

In Building Age: \_\_\_\_\_ Construction: \_\_\_\_\_ PC: \_\_\_\_\_ Central Station Alarm?  Yes  No

Other \_\_\_\_\_

Do you store autos anywhere other than your lot?  Yes  No If yes, where? \_\_\_\_\_

Are keys left in or on any vehicles?  Yes  No

Are keys secured in a lock box?  Yes  No

If no, describe key controls: \_\_\_\_\_



**EMPLOYEE and NON-EMPLOYEE INFORMATION:** ALL owners, employees, drivers and household members **MUST** be listed, including contract drivers, 1099 and other employees who do not have their own insurance

Loc #	Name	Driver's License #	State	Date of Birth	Accidents/Violations (past 3 yrs.)	Hours Worked*	Status **	Auto Use ***	PAP In Place? ****

**Blanket Contract Driver Exposure:**  Yes  No

**MISSOURI ONLY:** Anyone under the age of 21 must be listed on the MUS 70019 Driver Exclusion, with the insured's signature.

\*Hours Worked: F = Full-Time (over 20 hrs/week)  
P = Part-Time (20 or less hrs/week)  
N – Non-Employee

\*\*Auto Use: A = Furnished a covered auto for personal use  
B = Business Use only of covered autos  
C = Excluded Driver

\*\*\*\*PAP = Personal Auto Policy

\*\* Status:

1. Active owner, partner or officer	5. Mechanic	9. Spouse of any other person furnished an auto
2. Inactive owner, partner or officer	6. Clerical	10. Child of any other person furnished an auto
3. Lot person	7. Spouse of owner, partner or officer	11. Occasional or contract driver
4. Salesperson	8. Child of owner, partner or officer	12. Other: _____

**COVERAGE & LIMITS**

**Garage Liability** Deductible \_\_\_\_\_

Limit of Garage Liability Auto \_\_\_\_\_/Other Than Auto \_\_\_\_\_/Aggregate \_\_\_\_\_

Radius of Pickup & Delivery:  1-300 miles  301-500 miles  501-1,000 miles  Over 1,000 miles

Dealer's Errors & Omissions (\$50,000 Limit)  Truth in Lending  Federal Odometer  Title  Insurance Agents

Package Additional GL Operations: \_\_\_\_\_

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**Garagekeepers** Limits of Coverage

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 \*Limit Calculation: 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)

Loss Payee Name/Address: \_\_\_\_\_

(Dealers PD): \_\_\_\_\_

**ADDITIONAL COVERAGE OPTIONS**

Medical Payments      Garage Operations /Premises Limit \_\_\_\_\_ Auto Limit \_\_\_\_\_  
 Personal Injury Protection (limit per statute)

Uninsured Motorists      Each Accident Limit \_\_\_\_\_      Number of Plates: Dealer \_\_\_\_\_  
 Underinsured Motorists      Each Accident Limit \_\_\_\_\_  
 Uninsured Motorists Property Damage Limit \_\_\_\_\_  
 I reject all Uninsured Motorists Coverages

Personal Injury Protection Limit Per Statute \_\_\_\_\_

Broadened Coverage (*includes Personal Injury and \$ 100,000 in Damage to Rented Premises*)  
 Damage to Rented Premises    Limit \_\_\_\_\_  
 Personal Injury Liability (*do not select if Broadened Coverage is requested*)  
 Hired Auto  
 Broad Form Products  
 Drive Other Car

**ADDITIONAL INSURED OPTIONS**

Owner of Garage Premises (CA 2509)  
 \_\_\_\_\_  
 Designated Insured (CA 2048)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 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	Model	VIN	Value	GVW	Use	Radius



**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





**WHOLESALE AUTO DEALER SUPPLEMENT**

(For use in addition to the completion of the Garage Application)

Applicant's Name: \_\_\_\_\_

**General Information**

1. Do you sell autos to the public?  Yes  No

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

2. Do you operate out of a residence?  Yes  No

If yes:

a) Do you have a Homeowner's Liability Insurance Policy?  Yes  No

3. Where do you purchase vehicles held for sale? (List from most frequent to least)

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

4. List any additional states where you conduct operations: \_\_\_\_\_

5. Do you take physical possession of all vehicles you purchase?  Yes  No

If yes:

a) Where are vehicles stored? \_\_\_\_\_

6. Do you hire Contract Drivers to transport vehicles?  Yes  No

If yes:

a) How many? \_\_\_\_\_ How often are they used? \_\_\_\_\_

b) Do you:  Use different people each time

Use one or more people consistently (if marked, provide their information on the Garage Application)

7. Do you or any of your drivers have out of state driver's licenses?  Yes  No

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

**Dealer Plates**

Loaning or selling of Dealer Plates is prohibited.

1. How many Dealer Plates do you have? \_\_\_\_\_

2. How are your Dealer Plates used? \_\_\_\_\_

\_\_\_\_\_

**This questionnaire does not bind the Application nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.**

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

