



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**

<p>Alarm, Stereo or Navigational Systems _____%</p> <p>Alignment _____%</p> <p>Alarms, GPS, Radio/Stereo, Sirens _____%</p> <p>Airbags _____%</p> <p>Auto Dismantling _____%</p> <p>Auto Restoration Ground-Up? <input type="checkbox"/> Yes <input type="checkbox"/> No _____%</p> <p>Bedliner Installation _____%</p> <p>Body & Paint Shop _____%</p> <p>Brakes _____%</p> <p>Breathalyzer / Ignition Interlock _____%</p> <p>Car Wash <input type="checkbox"/> Full Service <input type="checkbox"/> Self Service _____%</p> <p style="padding-left: 20px;">Is there an automated car wash on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If yes, who drives vehicles through? <input type="checkbox"/> Customer <input type="checkbox"/> Employee</p> <p>Convenience Store _____%</p> <p style="padding-left: 20px;">Cooking / Restaurant exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Customization and/or Performance Enhancement _____%</p> <p style="padding-left: 20px;">Purpose: <input type="checkbox"/> Speed <input type="checkbox"/> Appearance <input type="checkbox"/> Run Better</p> <p>Detailing (hand wash/detail only) _____%</p> <p>DIY Self Service Bay Rental _____%</p> <p>Engine Repair _____%</p> <p>Fabrication / Machine Shop _____%</p> <p>Fiberglass Body Repair _____%</p> <p>Frame Work: Straightening <input type="checkbox"/> Yes <input type="checkbox"/> No _____%</p> <p style="padding-left: 40px;">Cutting/Stretching <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you cut between the axles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fuel Conversion (CNG, Nitrous) Type _____%</p> <p>Are all spray painting operations completed in a separate, ventilated room? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Painting</p> <p>Are all fiberglass resins, paints and solvents stored in a fire resistive cabinet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain if No _____</p>	<p>Gas Station <input type="checkbox"/> Full Serve <input type="checkbox"/> Self-Serve _____%</p> <p>Handicap Vehicle Conversion* _____%</p> <p>Impound / Storage Yard _____%</p> <p>Inspection Station _____%</p> <p>Lift / Lowering Kits Max # inches _____</p> <p>Machine Shop _____%</p> <p>Oil /Lube _____%</p> <p>Parking Lot or Garage (self-park) _____%</p> <p>Parts Sales (Uninstalled) _____%</p> <p>Pawn Shop – Auto and/or Title Pawn _____%</p> <p>Roadside Assistance _____%</p> <p style="padding-left: 20px;">24 Hr? <input type="checkbox"/> Yes <input type="checkbox"/> No Tires _____%</p> <p>Salvage Operations* _____%</p> <p style="padding-left: 20px;">Salvage Titled Auto Repair /Rebuilding _____%</p> <p style="padding-left: 20px;">Salvage Yard _____%</p> <p>Suspension _____%</p> <p>Tires (If any, complete tire section below) _____%</p> <p>Trailer Hitch Install or Repair _____%</p> <p>Bolt _____% Weld _____%</p> <p>Transmission _____%</p> <p>Tune Ups / Maintenance _____%</p> <p>Window Tinting _____%</p> <p>Windshield Install or Repair _____%</p> <p>Wraps _____%</p> <p>Wrecker For Hire Repo <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> _____%</p> <p>Wrecker Not For Hire _____%</p>
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TIRES and RIM REPAIR (Complete if any percentage of Tires above)

- | | |
|--|--|
| <p>1) New Tires _____% Used Tires _____</p> <p>2) Do you fix/change tires for heavy trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3) Do you sell Tires over 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4) Do you rent or lease Tires? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5) Describe quality assurance to ensure tires are properly installed & inflated and all lug nuts properly tightened: _____</p> | <p>6) Do you perform Rim Repair <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If yes: a) Are tires removed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">b) Cosmetic Only? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|--|

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: _____

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





VALET PARKING SUPPLEMENT

Applicant Name: _____

Loc	Establishment Name & Address	Off Site Information	Establishment	Parking Information	
1)		Do you Park off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes*: a) Off Site Address: _____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Condo <input type="checkbox"/> Other: _____	Hours: _____	# of Spaces: Valet _____ Self-Park _____
	On Site Lot - Garagekeepers Limit: \$ _____ Do you drive on or across street? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Distance from Podium: _____ c) Off Site Lot - Garagekeepers Limit: \$ _____		Is Self-Parking Separate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you Park on Street: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2)		Do you Park off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes*: a) Off Site Address: _____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Condo <input type="checkbox"/> Other: _____	Hours: _____	# of Spaces: Valet _____ Self-Park _____
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3)		Do you Park off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes*: a) Off Site Address: _____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Condo <input type="checkbox"/> Other: _____	Hours: _____	# of Spaces: Valet _____ Self-Park _____
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5)		Do you Park off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes*: a) Off Site Address: _____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Condo <input type="checkbox"/> Other: _____	Hours: _____	# of Spaces: Valet _____ Self-Park _____
	On Site Lot - Garagekeepers Limit: \$ _____ Do you drive on or across street? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Distance from Podium: _____ c) Off Site Lot - Garagekeepers Limit: \$ _____		Is Self-Parking Separate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you Park on Street: <input type="checkbox"/> Yes <input type="checkbox"/> No	

* Provide a map showing traffic route and distance from Establishment to Lot and back.



For the location(s) listed on this application:

1) What is the average value per vehicle? \$ _____ What is the maximum value per vehicle? \$ _____

2) Are you the owner of any of the listed premises? Yes No

If yes, which locations? _____

Is Commercial General Liability coverage in place? Yes No

3) Are off-site lots manned by an attendant or fenced and gated for controlled access? Yes No

If no, which locations? _____

4) Are keys secured in a locked cabinet and attended by an employee at all times? Yes No

If no, describe how you protect customers' keys: _____

5) Do you use at least a 3 part ticket (Keys, Car & Customer)? Yes No

6) Do you hire employees under age 21 as drivers? Yes No

7) Do you refuse to give an obviously intoxicated customer his or her car keys? Yes No

If no, what are your procedures for handling customers who are obviously intoxicated?

8) What are your standards for acceptable MVRs?

9) Do you offer services for special events *at locations not listed above*? Yes No

If yes, and you wish to include event pricing in quote*:

Number of valet special events where parking is on-site: _____

Number of valet special events where parking is off-site: _____

**This will add pricing for events to your annual premium, not approval. Events must be submitted to carrier in advance for approval.*

Pricing contemplates the driving distance for any Off-Site parking lot as no more than a half-mile away from the Podium with no street parking.

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

