



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	Ground-Up? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Full Service <input type="checkbox"/> Self Service	_____%	Roadside Assistance	_____%
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: _____



[illegible]

12. Other: _____

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: _____

In - Tow Coverage: ☐ For Hire ☐ Not-For-Hire Limit Per Tow Truck: _____ Number of Tow Trucks _____

☐ Your interest and the interest of any creditor as Loss Payee (provide name/address below)

(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

CID Insurance Programs Inc. DBA CID Insurance Services

SPECIALTY VEHICLE SUPPLEMENT

Applicant Name: _____ Operations: ☐ Dealer ☐ Non-Dealer

SECTION I: OVERVIEW – Enter % or N/A. The total of all responses in this section should equal 100%.

AUTOS Autos (private passenger and light trucks) _____% Emergency Vehicles – Police Cars, Ambulances _____% Food Trucks _____% Golf Carts - Licensed for Road Use _____% Military Vehicles _____% Mopeds / Scooters (must be street legal) _____% Motorcycles _____% Municipal Vehicles _____% Recreational Vehicles / Motor Homes _____%	HEAVY VEHICLES Bucket & Boom Trucks / Cherry Pickers _____% Buses – Passenger Capacity REQUIRED _____% Cranes _____% Dump Trucks _____% Emergency Vehicles - Trucks _____% Logging Trucks / Equipment _____% Refrigerated Vans / Trailers _____% Tankers / Tanker Trailers _____% Truck - Heavy & Extra Heavy _____%
BOATS & WATERCRAFT Boat / Watercraft _____% Jet Ski _____%	OFF ROAD VEHICLES ATV's (3 wheeler, 4 wheeler) _____% Dirt Bikes / Motocross Cycles _____% Golf Carts - Not Licensed for Road Use _____% Off Road - 4 x 4 _____% Snowmobile _____%
EQUIPMENT Construction / Contractors Equipment _____% Farm Equipment & Implements _____% Forklifts _____% Lawn / Tree Service Equipment _____%	TRAILERS Travel Trailers / Campers (pull-behind) _____% Utility / Service (2,000 lb. capacity) _____% Trailers – Semi / Livestock _____%
OTHER Describe: _____%	

SECTION II: BREAKDOWN OF WORK PERFORMED – Enter % or N/A. The total of all responses in this section (all categories) should equal 100%.

Body and / or Paint _____%	Radiator _____%
Blade Sharpening _____%	Refrigeration Unit _____%
Brakes _____%	Roll Bars / Cages _____%
Engine Overhaul _____%	Snow Plow Installation _____%
FMCSA Inspections (Answer Sec. III, #5) _____%	Suspension / Frame _____%
Fifth Wheel installation, service or repair _____%	Tank Cleaning – Internal _____%
Hydraulics – General _____%	Tank Repair – External _____%
Hydraulics – Lifting Apparatus _____%	Tire Repair or Replacement _____%
Oil & Lube _____%	Tune Up _____%
Power Train _____%	Wash & Detail _____%
Other _____%	Describe: _____
Fabrication and/or parts manufacturing _____%	Describe: _____
Storage or parking space rental _____%	Receipts: _____
Structural Alterations _____%	Describe: _____
Welding _____%	Describe: _____

EMERGENCY VEHICLES

Aerial Ladder Service	_____ %	Lights, Sirens & Radios	_____ %
Ground Ladder Service	_____ %	Pump Service	_____ %
Ladder & Hoses	_____ %	Pump Testing	_____ %

MOTORCYCLES

Custom Motorcycle Manufacturing	_____ %	
Custom Motorcycle Building	_____ %	(assembly, no fabrication)
Trike Conversion	_____ %	

SECTION III: GENERAL QUESTIONS

- 1) Where do you conduct operations?
Your Premises _____% Customer's Location _____% Roadside _____%
- 2) Do you take autos to Trade Shows, Fairs or Special Events? ☐ Yes ☐ No
If yes, where do you go / how many per year? _____/_____
- 3) Are your mechanics ASE Certified? ☐ Yes ☐ No
If no, how many years of related experience do you require? _____
- 4) Do you test drive any vehicles over 26,000 GVW off-premises? ☐ Yes ☐ No
If yes, do your drivers possess CDL licenses? ☐ Yes ☐ No
- 5) If you do FMCSA annual vehicle safety inspections, does / has the Inspector:
- a. Understand the FMCSA inspection criteria? ☐ Yes ☐ No
 - b. Mastered the inspection methods, procedures, tools and equipment? ☐ Yes ☐ No
 - c. Successfully completed a State or Federal inspection training program? ☐ Yes ☐ No
 - d. Have at least 1 year of training and/or experience consisting of:
 - Participation in a manufacturer sponsored training program; or
 - Experience as a mechanic or inspector:
 - In a motor carrier maintenance program; or
 - In a commercial garage; or
 - For a State or Federal Government?
- ☐ Yes ☐ No

SECTION IV: SPECIALTY OPERATIONS QUESTIONS

- 1) **BOATS & WATERCRAFT:** ☐ Check here if N/A.
Do you conduct any operations at a marina, or while any watercraft is in the water? ☐ Yes ☐ No
Do you make any repairs using fiberglass? ☐ Yes ☐ No
If yes, explain where resins are stored on site: _____
- 2) **EMERGENCY VEHICLE OPERATIONS:** ☐ Check here if N/A.
Qualifications and Training: _____
Are your mechanics EVT Certified? ☐ Yes ☐ No
Do you Install, sell or service medical equipment for ambulances or paramedic's vehicles? ☐ Yes ☐ No
- 3) **MOTORCYCLE and OFF-ROAD VEHICLE OPERATIONS:** ☐ Check here if N/A.
Do you permit off-premises test drives of motorcycles or any off-road vehicles? ☐ Yes ☐ No
If yes: Do you have a specific route? ☐ Yes ☐ No
Do you accompany using an owned vehicle? ☐ Yes ☐ No
Where do you go? _____
How far do you go? _____
Are test drives all right turns? ☐ Yes ☐ No
Do you require helmets, proper clothing and footwear for a test drive? ☐ Yes ☐ No

Is anyone furnished with personal use of a motorcycle or other off road vehicle?

☐ Yes ☐ No

Do you sell any vehicles that are not manufactured in the U.S.?

☐ Yes ☐ No

If yes, do you obtain them from a U.S. distributor?

☐ Yes ☐ No

4) RV, MOTORHOME & CAMPER OPERATIONS: ☐ Check here if N/A.

Do you repair kitchen appliances, electrical wiring, or heating/cooling systems?

☐ Yes ☐ No

If yes, what percentage of your operation? _____ %

Additional Information: _____

This questionnaire does not bind the application nor obligate the Company to issue an insurance policy, 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