



GARAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker #: _____ Retailer: _____
 Broker: _____ Location: _____
 Location: _____
 Phone #: _____

Applicant Name and Mailing Address _____

Proposed Policy Period _____ to _____

Location #1 _____

Location #2 _____

Individual Partnership Joint Venture Corporation Other _____

Insured's Website Address _____

Inspection and Audit Contact / Phone Number _____

Years in business _____ Years of experience in this field _____

| NATURE OF BUSINESS | | | | | |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| DEALER: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Non-Franchised <input type="checkbox"/> Franchised with _____ | | | | | |
| NON-DEALER: <input type="checkbox"/> Repair Shop <input type="checkbox"/> Gas Station <input type="checkbox"/> Parking Facility <input type="checkbox"/> Other _____ | | | | | |
| UNDERWRITING INFORMATION | | | | | |
| DO YOU: | YES | NO | | YES | NO |
| 1. Engage in any other operations? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Repossess vehicles for others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sponsor sporting or social events? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Engage in fuel conversion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sponsor or own any race cars? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Engage in auto pawning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sponsor driver's education cars? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Sell vehicles with salvaged titles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Install, service or repair airbags? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Allow customers in the work area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Structurally alter or convert vehicles from their original design? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Rent, lease or loan vehicles, machinery or equipment to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| EXPLAIN ALL "YES" RESPONSES: _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

| PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN | | |
|---|--------------------------------|--------|
| | Sales | Repair |
| Private Passenger Type Including Light & Medium Trucks - New | % | % |
| Private Passenger Type Including Light & Medium Trucks - Used | % | % |
| Antique/Classic Cars | % | % |
| Boats - Other Than Jet Skis | % | % |
| Jet Skis | % | % |
| Busses | % | % |
| Contractors Equipment | % | % |
| Farm Equipment | % | % |
| Emergency or Public Livery | % | % |
| Heavy Truck (over 20,000 GVW) | % | % |
| Kit Cars or Other Auto Manufacturing | % | % |
| Motorcycles, ATVs, Scooters, Snowmobiles | <i>**supplement required**</i> | % |
| Mobile Homes | % | % |
| Recreational Vehicles and Campers | <i>**supplement required**</i> | % |
| Semi Trailers | % | % |
| Trailers - Other than Semi Trailers | % | % |
| TOTAL | | 100% |

| DEALERS OPERATIONS | | |
|-------------------------------|---|---|
| Consigned Autos Held for Sale | % | When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Owned Autos Held for Sale | % | |
| Auto Auctions | % | |
| Wholesale Autos | % | Number of Dealer Tags: _____ |
| Other: | % | |

| NON-DEALERS OPERATIONS | | | |
|---|---|--|---|
| Alarm, Stereo or Navigational System | % | Impound Yards | % |
| Auto Maintenance or Repair Incl Bedliner | % | Mobile Auto Repair | % |
| Auto Painting with UL approved spray booth | % | Oil/Lube Service | % |
| Auto Painting without UL approved spray booth | % | Parking Lots & Garages | % |
| Auto Parts Sales <u>Receipts:</u> | % | Tire Dealers - New | % |
| Body Shop | % | Tire Dealers - Used, Retreads or Split Rims | % |
| Butane, Propane or other Liquefied Gas Sales | % | Trailer Hitch Installation or Repair | % |
| Car Wash - Full Service | % | Upholstery | % |
| Convenience Store <u>Receipts:</u> | % | Valet Parking <i>**supplement required**</i> | % |
| Detailing | % | Van Conversion | % |
| Driveaway Contractor or Wrecker Service | % | Window Tinting | % |
| Frame or Unibody Straightening | % | Windshield Installation/Repair | % |
| Gasoline Station - Full Service | % | Other: | % |

VEHICLE STORAGE & VALUES

| Owned Autos | Non-Owned Autos |
|--|--|
| How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unfenced Lot | How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unfenced Lot |
| Maximum value any one Auto? _____ Maximum value of all Autos? _____ Average number of Autos? _____ | Maximum value any one Auto? _____ Maximum value of all Autos? _____ Average number of Autos? _____ |
| <small>*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended. Non-Standard Lot: Any other type of protection or unprotected lots.</small> | |
| Radius of Pickup & Delivery: <input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1000 Miles <input type="checkbox"/> +1000 Miles | |

EMPLOYEE AND NON-EMPLOYEE INFORMATION

YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS

| Name and Driver's License # & State | Date of Birth | Violations & Accidents Prior Three Years | Status | Hours Worked | Auto Use |
|-------------------------------------|---------------|--|--------|--------------|----------|
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- STATUS:
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|---------------------------------------|--|
| 1. Active Owner, Partner or Officer | 7. Spouse of Owner, Partner or Officer |
| 2. Inactive Owner, Partner or Officer | 8. Children of Owner, Partner or Officer |
| 3. Salesperson | 9. Spouse of any other person furnished an auto |
| 4. Lot Person | 10. Children of any other person furnished an auto |
| 5. Mechanic | 11. Occasional or Contract Driver |
| 6. Clerical | 12. Other _____ |

- | | |
|--|--|
| HOURS WORKED: F = Full Time (Over 20 hours per week) P = Part Time (20 or less hours per week) N = Non-Employee | AUTO USE: A = Furnished a covered auto for personal use B = Uses a covered auto strictly for business use C = Does not drive a covered auto |
|--|--|

ADDITIONAL INFORMATION

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|-------------------------|
| _____ _____ _____ |
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