

**GARAGE APPLICATION**

**APPLICANT INFORMATION**

Policy Period Desired: From \_\_\_\_\_ To \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Years Sales/Repair Experience: \_\_\_\_\_  
 Website Address: \_\_\_\_\_  
 Business Entity:  Individual  Partnership  Limited Partnership  Corporation  Other \_\_\_\_\_  
 Describe your Operations: \_\_\_\_\_  
 Locations where you conduct Garage Operations (include Zip Code):  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

**UNDERWRITING INFORMATION**

List of Drivers (must include all Owners, Employees, Family)

Name	Date of Birth	Driver License Number	State of License	CDL Yes or No	Furnished Auto? Yes or No	Past 3 Yrs. Number of		Job Description or Relationship
						Accidents	Citations	

**Sales**

- Where do you purchase vehicles? \_\_\_\_\_
- Who drives or tows vehicles to your lot? \_\_\_\_\_
- How many times per year do you drive-away more than 300 miles from point of purchase? \_\_\_\_\_
- How many vehicles do you sell per year? \_\_\_\_\_ How many of those are on consignment? \_\_\_\_\_
- What is your normal radius of operation? \_\_\_\_\_ miles
- What is your sales mix?
 

a. cars, sport utility, pickups, vans _____%	d. commercial trucks & trailers _____%
b. motorhomes _____%	e. salvage parts _____%
c. travel trailers, camp trailers _____%	f. other _____%
- Describe your theft barriers (fence & gate or post & cable) \_\_\_\_\_
- Where are the car keys kept? \_\_\_\_\_
- How many dealer plates do you have? \_\_\_\_\_
- Do you repossess vehicles?  Yes  No If yes, explain \_\_\_\_\_
- Do you sell "salvaged title" vehicles?  Yes  No If yes, what % of vehicles require structural repair \_\_\_\_\_%
- Do you always ride along on test drives?  Yes  No

**Service**

- What percentage of your work is:
 

Body/Paint _____%	Muffler _____%	Sound System _____%	Window Tint _____%
Tune Up _____%	Radiator _____%	Tires _____%	Other _____%
Transmission _____%	Wheel Alignment _____%	Upholstery _____%	Describe _____
Brakes _____%	Oil & Lube _____%	Wash/Detail _____%	_____
- Do you sell gasoline?  Yes  No or LPG  Yes  No If yes, how many gallons? \_\_\_\_\_
- Do you install trailer hitches?  Yes  No
- Do you have a spray paint booth?  Yes  No If yes, it is U/L approved?  Yes  No
- Do you recap tires or sell recapped tires?  Yes  No
- Do you tow for hire?  Yes  No If yes, explain \_\_\_\_\_
- Describe lot security and control of customer's keys \_\_\_\_\_

**Prior Carrier and Loss History for 3 Years**

Current Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \$ \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \$ \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \$ \_\_\_\_\_

Date of Loss	Amount	Description of Loss

**Coverage Requested**

- Garage Liability \$ \_\_\_\_\_ each accident, \$ \_\_\_\_\_ aggregate, Deductible \$ \_\_\_\_\_
- Garagekeepers (legal Liab) \$ \_\_\_\_\_ per location SCL \$ \_\_\_\_\_ deductible Collision \$ \_\_\_\_\_ deductible
  - Value per Auto \$ \_\_\_\_\_
  - In-transit Limit \$ \_\_\_\_\_
- Dealers Physical Damage \$ \_\_\_\_\_ per location SCL \$ \_\_\_\_\_ deductible Collision \$ \_\_\_\_\_ deductible
  - Value per Auto \$ \_\_\_\_\_
  - Drive-away miles \_\_\_\_\_
- Type: \_\_\_ New or \_\_\_ Used Interest Covered: \_\_\_ Owner \_\_\_ Owner and Creditor \_\_\_ Consignment
- Specially Described Autos:

Vehicle No.	Year	Make	V.I.N.	Stated Amount

Vehicle No.	GVW	Use	Radius	Loss Payee

- Medical Payments \$1,000
- Premises
- Premises and Auto
- Uninsured Motorist \$ \_\_\_\_\_
- Personal Injury Protection \$ \_\_\_\_\_
- Fire Legal Liability \$50,000
- Commercial Property (attach ACORD 140)

**Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I have completed and signed a state form selective or rejecting Uninsured Motorist Coverage.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency Name \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_