

Desired Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

- | | Name | "dba" (if applicable) |
|--------------------------------------|-------|-----------------------|
| <input type="checkbox"/> Corporation | _____ | _____ |
| <input type="checkbox"/> Partnership | _____ | _____ |
| <input type="checkbox"/> Individual | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

2. Business (physical) Address: _____

3. Mailing address: _____

4. Web Site Address: _____

5. Are you the owner of this business location? Yes No

If no, does owner of premises need to be named as additional insured? Yes No

If yes, please provide owner's complete name. _____

6. Description of Operation: _____

7. Please check those items below that are part of your repair operation:

- | | % of
Operation | | % of
Operation |
|--|-------------------|--|-------------------|
| <input type="checkbox"/> Motorcycles | _____ | <input type="checkbox"/> Boats | _____ |
| <input type="checkbox"/> All Terrain Vehicles | _____ | <input type="checkbox"/> Utility Trailers, Semi-Trailers, Trailers | _____ |
| <input type="checkbox"/> Motor Homes | _____ | <input type="checkbox"/> Trucks or Truck Tractors | _____ |
| <input type="checkbox"/> Farm Equipment or Implement Dealer | _____ | <input type="checkbox"/> Propane Conversions | _____ |
| <input type="checkbox"/> Mobile Homes | _____ | <input type="checkbox"/> LPG Systems | _____ |
| <input type="checkbox"/> Buses | _____ | <input type="checkbox"/> Lift Kit (suspension) Installation/Sales | _____ |
| <input type="checkbox"/> Private Passenger Vehicles, SUVs,
and Light Trucks | _____ | <input type="checkbox"/> Contractor's Equipment | _____ |
| | | <input type="checkbox"/> Other | _____ |

8. What percentage of repair is performed at a location other than that listed in item 2 above? _____%

9. Person to contact:

For Inspection (Name & Phone Number) _____

For Accounting Records (Name & Phone Number) _____

10. Current management has controlled business since _____ (year) and has been in this type of business since _____ (year)

11. Is this a new venture? Yes No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes No

If yes, explain. _____

(c) Are you aware of any facts or past incidents, circumstances, or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No

If yes, provide complete details. _____

13. (a) List major owners/shareholders/management:

Name	Years with Company	% of Ownership
_____	_____	_____
_____	_____	_____

(b) What is estimated net worth of the business? _____ (c) Gross receipts last year? _____

14. Has this business entity ever filed for bankruptcy? Yes No

Date filed _____ Date released _____

15. Do you ever engage in the sale of autos? Yes No If yes, _____% of operation.

16. Do you accept vehicles on consignment? Yes No If yes, _____% of operation.

If yes, is value of consigned autos included in garagekeepers limit? Yes No

Please enclose copy of current consignment agreement.

17. Plates held by Applicant: Dealer Transporter
 Repairer Other _____

List Plate Identification Numbers assigned by the state: _____

Are plates attached to owned vehicles? Yes No Describe _____

Are plates attached to tow trucks? Yes No Describe _____

COVERAGE INFORMATION

18. **Limits of Liability and Coverage(s) Requested (Check desired coverage and insert limits)**

I. LIABILITY

<input type="checkbox"/> Bodily Injury & Property Damage Liability (Property Damage Liability subject to \$100 deductible completed operations)	Each Accident \$ _____ (Combined Single Limit)	Aggregate (Garage operations only) \$ _____ (Maximum Aggregate Limit - 2 million)
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List All Locations To Be Covered for bodily injury and property damage liability

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

II. MEDICAL PAYMENTS

Premises Medical Payments (per person) Choose Limit : \$500 \$750 \$1,000 \$2,000 \$5,000

III. UNINSURED/UNDERINSURED MOTORISTS

**APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE
 SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE
 NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

IV. GARAGEKEEPERS COVERAGE

SPECIFIED PERILS and Collision **OR** COMPREHENSIVE and Collision (available on Direct Primary basis only)

(pick one of the following)

- Legal Liability
- Direct Primary

GARAGEKEEPERS DEDUCTIBLE: \$500 deductible per auto
 \$1,000 deductible per auto
 \$2,500 deductible per auto
 \$5,000 deductible per auto

19. List All Business Locations To Be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

20. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

Check desired coverages for scheduled autos and/or plates:

- Liability (Must match the garage liability limit)
- UM Limit (policy level) \$ _____
- Medical Payments Limit (Must match the garage medical payments limit)
- Physical Damage (select type for each unit on which coverage is desired)
 - Unit #1: Specified Perils/Collision **OR** Comprehensive/Collision
 - Unit #2: Specified Perils/Collision **OR** Comprehensive/Collision
 - Unit #3: Specified Perils/Collision **OR** Comprehensive/Collision

Is intow desired? Which units? _____

Intow limit: _____ Intow deductible: _____

RATING INFORMATION

21. EMPLOYEE INFORMATION (Include Independent Contractors)

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State where licensed	Drivers License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

UNDERWRITING INFORMATION

22. Is the operation in question 6 your primary operation? If not, explain. _____ 22. Yes No
23. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? 23. Yes No
24. (a) Do you sell tires? _____% of Receipts New Tires _____% Used Tires _____% 24. (a) Yes No
- (b) Do you recap or retread tires? (b) Yes No
25. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____% of operation. 25. Yes No
26. Do you hold a salvage dealer license or operate a salvage yard? 26. Yes No
27. Do you salvage cars for resale? 27. Yes No
28. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____% of operation. 28. Yes No
29. Do you weld gas tanks? 29. Yes No
30. Do you repossess autos? 30. Yes No
31. Do you sell parts? 31. Yes No
- Gross Receipts from Parts Sold but not Installed: _____
- Used Parts _____% New Parts _____%
32. Do you have automatic car washes on location? (\$500 deductible applies) 32. Yes No
33. (a) Do you spray paint at your business location? 33. (a) Yes No
- (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) Yes No
34. What percentage of your work involves the following?
- | | | | | | |
|--------------------------|--------|--------------|--------|-------------|--------|
| Autobody repair/Painting | _____% | Sound System | _____% | Window Tint | _____% |
| Tune up | _____% | Tires | _____% | Wash/Detail | _____% |
| Oil & Lube | _____% | Upholstery | _____% | | |
| Other (describe) | _____% | | | | |
35. Do you loan autos to customers? 35. Yes No
36. Do you rent autos to customers while their units are left for service repair? 36. Yes No
37. Do you furnish autos to anyone? 37. Yes No
38. Do you sponsor any racing events? 38. Yes No
39. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 39. Yes No
40. Do you pick up or deliver customers' autos? 40. Yes No
41. **PREMISES**
- Are customers' autos stored in building(s)? 41. Yes No
- If no, describe lot (e.g. fenced, lighted, etc.) _____
- Are keys locked when stored after hours? Yes No
- Where are keys kept? Explain _____
- Are customers permitted in the service area? Yes No
- How many service bays do you have? _____ Any service pits? If so, how many? _____
- Do you have fire and smoke alarms? Yes No
- Do you have fire extinguishers? Yes No
- Do you occupy all of the premises? Yes No
- Do you lease part of premises to others? If yes, to whom? _____ Yes No
- Is your operation located at your private residence? Yes No
- If yes, do you have homeowners or renters insurance? Yes No

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of the Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

Witness _____ Applicant's Signature _____ Date _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE	
Is this direct business to your office? _____	If not, explain _____
Is this new business to your office? _____	If not, how long have you had the account? _____
How long have you known applicant? _____	
REQUEST TO COMPANY GENERAL AGENT:	
<input type="checkbox"/> Please quote	
<input type="checkbox"/> Please bind at earliest possible date and issue policy	
<input type="checkbox"/> Please issue policy effective _____	Coverage was bound by _____
<small>(Time and Date Bound by General Agent)</small>	<small>(Name of Person in Company General Agent's Office Binding Coverage)</small>
Applicant's Representative's Name and Address _____ Phone No. _____	

Non-Owned Auto Coverage - Garage

Please see bottom of page if nonowned auto coverage is not being requested.

1. Why is non-ownership liability coverage being requested? _____

2. Are all the types of non-owned autos used in the insured's business private passenger type vehicles? Yes No
Are any of these non-owned vehicles tow trucks? Yes No
How will they be used? _____

3. What is the likely maximum distance that a covered non-owned auto might be driven away from the insured's premises? _____ miles.
4. Total number of non-owned autos used in the insured's business? _____
5. Total number of employees? _____
6. How often are non-owned autos used in the insured's business?
 Daily Weekly Monthly
Estimate number of hours used per month. _____
7. Do your employees lease autos on insured's behalf? Yes No
If yes, under whose name are autos leased? Employees Insured
8. What is the estimated annual mileage for use of all non-owned autos? _____ miles.
9. Do you require employees to also have their own insurance for their own vehicles?
 Yes No
If yes, what are the minimum limits required? _____
Do you require evidence of insurance? Yes No
10. Will you use non-owned autos other than those owned by your employees? Yes No
If yes, describe relationship. _____

****Please note if nonowned auto coverage is not being requested, the company still requires the rest of the form be completed. The symbol of coverage which is offered may pick up nonowned auto exposures so they want to make sure there is no exposure whether or not the coverage is specifically requested.**