



GARAGE SERVICE APPLICATION

APPLICANT INFORMATION

Policy Period Requested: From ___/___/___ To ___/___/___

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone (____) _____

Years in Business _____ What is Your Experience in the Automotive Industry? _____

Business Entity: Individual Partnership Corporation LLC

UNDERWRITING INFORMATION

1. Describe Your Operations _____

2. What percentage by type of vehicle do you sell or service?

- a. Cars, sport utility, pickups, vans _____%
 - b. *Recreational Vehicles _____%
 - c. Construction or Farming Equip. _____%
 - d. *Commercial trucks & trailers _____%
 - e. *Salvage parts _____%
- *complete supplemental Questionnaire

3. Locations where you conduct Garage Operations (include Zip Code)

1] _____ 2] _____

3] _____ 4] _____

4. What other businesses use your location(s)? _____

5. What is your website address? _____

6. List all owners, spouses, employees, plus family members who drive your vehicles (use another page if necessary):

Name	Date of Birth	Driver License Number	State of License	Commercial Drivers License? Yes or No	Auto furnished or available for regular Use? Yes or No	Job Description or Relationship

7. Prior Carrier and Loss History for 3 Years No Known Losses See Loss Runs

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

Dealer Sales Questions

8. Where do you purchase vehicles? _____
9. Who drives or transports vehicles to your lot? _____
10. If you drive or transport newly acquired autos more than 300 road miles from point of purchase to your lot, how often? _____ and how far in road miles? _____
11. How many vehicles do you sell per year? _____ How many of those are on consignment? _____
12. What is your normal radius of operation? _____ miles.
13. Describe your theft barriers (fence & gate or post & cable): _____
14. Where are the car keys kept? _____
15. How many dealer plates do you have? _____
16. Do you repossess vehicles? Yes No
If "Yes," explain: _____
17. Do you sell "salvage titled" vehicles? Yes No
If "Yes," what percentage of vehicles require:
structural repair: _____% mechanical repair _____% cosmetic repair _____%
18. Do you always ride along on test drives? Yes No

Service Questions

19. What percentage of your work is?
 Body/Paint _____% Muffler _____% Sound System _____% Window Tint _____%
 Tune Up _____% Radiator _____% Tires _____% Other _____% Describe: _____
 Transmission _____% Alignment _____% Upholstery _____%
 Brakes _____% Oil & Lube _____% Wash/Detail _____%
20. Do you sell gasoline? Yes No
Do you sell LPG? Yes No
If "Yes," how many gallons? Gasoline _____ LPG _____
21. Do you install trailer hitches? Yes No
22. Do you have a spray paint booth? Yes No
If "Yes," is it **UL** approved? Yes No
Is it ventilated? Yes No
23. Do you recap tires or sell recapped tires? Yes No
24. Do you tow for hire? Yes No
If "Yes," complete Tow Truck Operator Questionnaire.
25. How many Transporter Plates do you have? _____ How often are they used? _____
26. Describe lot or building security: _____
27. Where are the customer's car keys kept? _____

COVERAGE REQUESTED

Garage Liability Limit \$ _____ each accident, \$ _____ aggregate
 Add Broadened Coverages-Garage

Additional Insured & Why _____

Garagekeepers Limit \$ _____ per location Basis Legal Liability or Direct Primary
 SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 Value per Auto \$ _____ In-Transit Limit per auto \$ _____

Dealers Physical Damage Limit \$ _____ per location
 SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 Value per Auto \$ _____ Drive-Away Road Miles _____
 Type of vehicles: New Used
 Interests Covered: Owner Owner and Creditor Consignment

Specifically Described Autos (use ACORD 127 for additional vehicles):

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

Auto No.	GVW	Use	Radius	Loss Payee

Medical Payments Limit \$ _____ Auto Premises Combined
 Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)
 Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)
 Fire Legal Liability \$50,000 or \$ _____
 Commercial Property (attach ACORD 140)

Remarks: _____

*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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
 *Not applicable in all States

Signature of Applicant _____ Date ____/____/____

Agency Name _____

Agent's Signature _____ Date ____/____/____