

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
- Specifiially 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 ____/____/____