

APPLICATION FOR GARAGE POLICY

Applicant Name: _____ /dba _____ Agent: _____

Mailing Address: _____ Address: _____

Phone Number: _____ Contact Name _____ Website _____

Proposed effective date: ____ / ____ / ____ to ____ / ____ / ____

Business Entity:

Years in business: _____ Years of Experience in this field: _____ Individual Joint Venture

If New Venture, describe experience : _____ Partnership Corporation

Description of Operations: _____ Other: _____

Locations: Same as Mailing Address

1) Address: _____ City: _____ State _____ Zip _____

2) Address: _____ City: _____ State _____ Zip _____

3) Address: _____ City: _____ State _____ Zip _____

List any other business operations operated by you: _____

INSURANCE HISTORY No prior insurance

Current Carrier _____ Eff Date ____ / ____ / ____ Exp Date ____ / ____ / ____ Premium _____

Prior Carrier _____ Eff Date ____ / ____ / ____ Exp Date ____ / ____ / ____ Premium _____

Prior Carrier _____ Eff Date ____ / ____ / ____ Exp Date ____ / ____ / ____ Premium _____

In the last 3 years has any company cancelled, declined or refused to issue similar insurance to the insured? Yes No

If yes, explain: _____

LOSS HISTORY No prior losses

Loss Year _____ Amount _____ Description _____ Driver _____

Loss Year _____ Amount _____ Description _____ Driver _____

Loss Year _____ Amount _____ Description _____ Driver _____

AUTO EXPOSURE

Auto – Used Private Passenger, Light Trucks _____% Golf Carts – Off Road Use _____%

Auto Auction (held on your premises) _____% *Heavy Truck (26,000 GVW) _____%

Antique or Classic Auto _____% High Performance or Race Car _____%

ATV, Snowmobile, Dirt Bike _____% Mobile Home or Tiny Home _____%

*Boat or Jet Ski _____% *Motorcycle or Scooter _____%

*Bus _____% Off Road 4x4 _____%

Camper or Travel Trailer _____% *RV, Camper or Motor Coach _____%

Emergency Vehicles _____% *Semi-Trailer _____%

*Equipment – Contractors, Farm, Lawn _____% Trailer (Utility or Livestock) _____%

Golf Carts – Licensed for Road Use _____% *Valet Parking _____%

Other: _____%

***Complete SUPPLEMENT**

DO YOU:

Obtain certificates of insurance from all sub-contractors? Yes No Have weapons on person/ premises? Yes No
Loan, lease or rent autos to others? Yes No Have animals on premises? Yes No
If yes: Loan/ Rent to customer while repairing their auto Rent/ Lease to the public Rental/Loaner Agreement in place

Explain all yes answers: _____

DEALER OPERATIONS

Nature of Business:

Broker _____% Import _____% *Salvage / Reconstructed Titled Autos _____%
Consignment _____% Internet _____% *Wholesale _____%
Export _____% Retail _____% *Complete Supplement

Vehicles sold per year _____

Number of Dealer Plates _____ Number and type of any other plates: _____

List all states where you conduct business: _____

Who transports your vehicles? Driven by Owner/Employees Temporary or Contract Driver Owned Tow Bar or Dolly
 Owned Tow Truck or Car Hauler Contracted Tow Truck or Car Hauler

DO YOU:

Have a Personal Auto Policy in your household? Yes No

Accompany customers on all test drives? Yes No

If no, do you:

Allow extended or overnight test drives? Yes No

Require a copy of their Driver's License & Proof of Insurance? Yes No

Accompany anyone under age 21? Yes No

Offer Buy-Here / Pay-Here Sales, Rent-to-Own, Lease-to-Own, or in-house financing? Yes No

If yes, do you:

Transfer title to the customer as lienholder and immediately report the sale to the state? Yes No

NON-DEALER OPERATIONS

Nature of Business: Repair on Premises _____% Mobile Repair _____%

DO YOU:

Allow customers to drive vehicles into the bay? Yes No

Park autos on public streets? Yes No

Have signs posted to keep customers from work areas? Yes No

Have No Smoking signs posted? Yes No

Have serviced and charged fire extinguishers on site? Yes No

Have Repair/Transporter plates? If yes, # _____ Yes No

Pick-up or deliver customers' vehicles? Yes No

If yes, how far do you go and how often? _____ Miles _____ Times a week

Sell any autos? Yes No

If yes, how many do you sell per year? _____

Have any other sales exposure? Yes No

If yes, provide:

Number of pumps: Gasoline _____ Diesel Fuel _____ LPG _____

Gross Receipts: New Parts \$ _____ Used Parts \$ _____ Convenience Store \$ _____

Other: _____ \$ _____

NON-DEALER OPERATONS

"Auto" refers to types of vehicles identified on page 1

***SUPPLEMENT REQUIRED**

Alarm, Stereo or Navigational Systems	_____%	Gas Station	<input type="checkbox"/> Full Serve	<input type="checkbox"/> Self-Serve	_____%
Alignment	_____%	Handicap Vehicle Conversion*			_____%
Alarms, GPS, Radio/Stereo, Sirens	_____%	Impound / Storage Yard			_____%
Airbags	_____%	Inspection Station			_____%
Auto Dismantling	_____%	Lift / Lowering Kits	Max # inches _____		_____%
Auto Restoration	_____%	Machine Shop			_____%
Ground-Up? <input type="checkbox"/> Yes <input type="checkbox"/> No		Oil /Lube			_____%
Bedliner Installation	_____%	Parking Lot or Garage (self-park)			_____%
Body & Paint Shop	_____%	Parts Sales (Uninstalled)			_____%
Brakes	_____%	Pawn Shop – Auto and/or Title Pawn			_____%
Breathalyzer / Ignition Interlock	_____%	Roadside Assistance			_____%
Car Wash	_____%	24 Hr? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tires _____%		
<input type="checkbox"/> Full Service <input type="checkbox"/> Self Service		Salvage Operations*			
Is there an automated car wash on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salvage Titled Auto Repair /Rebuilding			_____%
If yes, who drives vehicles through? <input type="checkbox"/> Customer <input type="checkbox"/> Employee		Salvage Yard			_____%
Convenience Store	_____%	Suspension			_____%
Cooking / Restaurant exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tires (If any, complete tire section below)			_____%
Customization and/or Performance Enhancement	_____%	Trailer Hitch Install or Repair			_____%
Purpose: <input type="checkbox"/> Speed <input type="checkbox"/> Appearance <input type="checkbox"/> Run Better		Bolt _____% Weld _____%			
Detailing (hand wash/detail only)	_____%	Transmission			_____%
DIY Self Service Bay Rental	_____%	Tune Ups / Maintenance			_____%
Engine Repair	_____%	Window Tinting			_____%
Fabrication / Machine Shop	_____%	Windshield Install or Repair			_____%
Fiberglass Body Repair	_____%	Wraps			_____%
Frame Work: Straightening <input type="checkbox"/> Yes <input type="checkbox"/> No	_____%	Wrecker For Hire	Repo <input type="checkbox"/> Yes <input type="checkbox"/> No		_____%
Cutting/Stretching <input type="checkbox"/> Yes <input type="checkbox"/> No		Wrecker Not For Hire			_____%
Do you cut between the axles? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Fuel Conversion (CNG, Nitrous) Type _____	_____%				
Are all spray painting operations completed in a separate, ventilated room?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Painting			
Are all fiberglass resins, paints and solvents stored in a fire resistive cabinet?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain if No _____					

TIRES and RIM REPAIR (Complete if any percentage of Tires above)

1) New Tires _____% Used Tires _____	6) Do you perform Rim Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Do you fix/change tires for heavy trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: a) Are tires removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Do you sell Tires over 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Cosmetic Only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Do you rent or lease Tires? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5) Describe quality assurance to ensure tires are properly installed & inflated and all lug nuts properly tightened: _____		

AUTO STORAGE – DEALER AND NON-DEALER

Fully fenced and gated?

In Building Age: _____ Construction: _____ PC: _____ Central Station Alarm? Yes No

Other _____

Do you store autos anywhere other than your lot? Yes No If yes, where? _____

Are keys left in or on any vehicles? Yes No

Are keys secured in a lock box? Yes No

If no, describe key controls: _____

PEOPLE:

LIST ALL OWNERS, EMPLOYEES and DRIVERS. INCLUDE ANY HOUSEHOLD MEMBERS WHO DRIVE YOUR CARS, CONTRACT DRIVERS, 1099 AND OTHER EMPLOYEES WHO DO NOT HAVE THEIR OWN INSURANCE

	Name	Driver's License Number & State	FT or PT	Date of Birth	Furnished Y/N	Loc #	Accidents/Violations (past 3 yrs.)	Status (see below)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Blanket Contract Driver Exposure: Yes No

All owners, employees, drivers & household members of driving age are disclosed above: Yes No

MISSOURI ONLY: Anyone under the age of 21 must be listed on the MUS 70019 Driver Exclusion, with the insured's signature.

STATUS

- | | |
|---|--------------------------------|
| 1 Active Owner, Partner or Officer | 6 Named Contract Driver |
| 2 Inactive Owner, Partner or Officer | 7 Clerical |
| 3 Employee who operates covered autos | 8 Mechanic |
| 4 Non-Employee with no personal auto policy in place | |

COVERAGE & LIMITS

Garage Liability

Deductible _____

Limit of Garage Liability Auto _____ /Other Than Auto _____ /Aggregate _____

Radius of Pickup & Delivery: 1-300 miles 301-500 miles 501-1,000 miles Over 1,000 miles

Dealer's Errors & Omissions (\$50,000 Limit) Truth in Lending Federal Odometer Title Insurance Agents

Package Additional GL Operations: _____

Garagekeepers

Limits of Coverage

Legal Liability Comprehensive & Collision Location #1 _____ Max Limit Per Vehicle _____

Direct Excess Specified Causes & Collision Location #2 _____ _____

Direct Primary Deductible _____ Location #3 _____

In - Tow Coverage: For Hire Not-For-Hire Limit Per Tow Truck: _____ Number of Tow Trucks _____

Dealers Physical Damage

*Limits of Coverage

Comprehensive & Collision Location 1 _____ Max Limit Per Vehicle _____

Specified Causes & Collision Location 2 _____ _____

Deductible _____ Location 3 _____

False Pretense Coverage *Limit Calculation: Value Per Auto: Average _____ Max _____

Number of Autos: Average _____ Max _____

Coverage applies to: (Check at least 1)

Your interest in covered autos you own Consigned Autos

Your interest and the interest of any creditor as Loss Payee (provide name/address below)

ADDITIONAL COVERAGE OPTIONS

- Medical Payments Garage Operations /Premises Limit _____ Auto Limit _____
 Personal Injury Protection (limit per statute)

- Uninsured Motorists Each Accident Limit _____ Number of Plates: Dealer _____
Underinsured Motorists Each Accident Limit _____
Uninsured Motorists Property Damage Limit _____
 I reject all Uninsured Motorists Coverages

Personal Injury Protection Limit Per Statute _____

- Broadened Coverage (includes Personal Injury and \$ 100,000 in Damage to Rented Premises)
 Damage to Rented Premises Limit _____
 Personal Injury Liability (do not select if Broadened Coverage is requested)
 Hired Auto
 Broad Form Products
 Drive Other Car

ADDITIONAL INSURED OPTIONS

- Owner of Garage Premises (CA 2509) _____
 Designated Insured (CA 2048) _____

 Blanket Additional Insured
 Grantor of Franchise (CA 2049) _____
 Leased Equipment (CA 2047) _____
 Waiver of Subrogation _____
Provide Insurable Interest/ Relationship to risk: _____

SCHEDULED AUTOS

Coverage(s): Liability Comprehensive & Collision Specified Causes & Collision Deductible _____

Year	Make	Model	VIN	Value	GVW	Use	Radius

