



GARAGE APPLICATION

General Information

Effective Date: _____

1. Your Name _____ Phone No. _____ (dba) _____

2. Mailing Address _____

3. Your Web site address _____

4. Location #1 Address _____

5. Location #2 Address _____

Is there work done elsewhere? i.e.; Roadside? _____ Customer's business location? _____

6. How long have you been in business? _____ How many years of related experience? _____

7. Type of Legal entity: [] Individual [] Partnership [] Joint Venture [] Limited Liability Corp. [] Trust [] Other Organization, including a Corporation (Please Describe) _____

8. Your Business operation? _____ Explain any other business, owned by you _____

Coverages

A. Garage Liability Limits

Each "Accident" "Garage Operations" "Auto" Only \$ _____, Other than "Auto" Only \$ _____

Aggregate "Garage Operations" Other Than "Auto" Only \$ _____

B. Garagekeepers (for Customers Cars in your Care, Custody and Control)

[] Legal Liability [] Direct Primary (Specified Causes of Loss/W Collision Only)

[] Specified Causes of Loss/w Collision OR [] Comprehensive/w Collision

Limit of Liability at Location #1 \$ _____ Limit per vehicle \$ _____

Limit of Liability at Location #2 \$ _____ Limit per vehicle \$ _____

Specified Causes or Comp Ded. \$ _____ Collision Ded. \$ _____

C. On Hook (Coverage for vehicle in tow) Legal Liability Only

[] Specified Causes of Loss/w Collision OR [] Comprehensive/w Collision

Table with 3 columns: Unit Description, Limit On Hook Coverage, Deductible

D. Dealers Physical Damage (coverage for damage to your autos)

[] Fire & Theft [] Specified Perils of Loss [] Comprehensive Deductible per auto \$ _____

Limit of Liability at Location #1 \$ _____ Limit per vehicle \$ _____

Limit of Liability at Location #2 \$ _____ Limit per vehicle \$ _____



Blanket Collision (total for all listed locations) Limit \$ _____ Deductible per auto \$ _____

Interests covered: (check all those that apply)

- Interest in covered "autos" you own
Interest only in financed covered "autos"
Interest and the interest of any creditor named as loss payee
All interests in any "auto" not owned by you or any creditor while in your possession on consignment

E. Loss Payable Name and Address (advise which unit this applies to)

F. Schedule of Covered Autos (Dealers only) List any owned tow truck, car hauler, or service vehicle to be insured.

Table with 7 columns: Unit #, Year, Model, Serial Number, Body Type, Where Garaged, Radius, Physical Damage Stated Amount, Deductible

G. Medical Payments Coverage

Limit per person \$ _____ Premises only Auto only Premises and Auto

H. Uninsured/Underinsured Motorist Coverage (for requirements, check state status)

Yes No If yes, limit(s) desired \$ _____

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

Number of Dealer Plates _____ Transporter Plates _____ Other (please describe) _____

H. Personal Injury Protection Coverage (PIP) (for requirements, check state statutes) Yes No

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

I. Personal Injury Liability

Limit of Liability \$ _____

J. Fire Legal Liability

Limit of Liability \$50,000 \$100,000

K. Broadened Coverage

Limits of Insurance:

Fire Legal \$ _____

L. Building, Personal Property, Inland Marine, and General Liability Coverage's (only available in some states).

If coverage is selected, please complete and attach Acord Application.



M. List any Additional Insured's to be named and advise what their interest is in this operation.

Additional Insured - [] Landlord [] Lessor or Leased Equipment [] Franchisee [] **Customer
_____ If customer, please attach a copy of the contract that requires the Additional Insured.

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N. Previous Carrier and Loss Information. Complete all fields. Indicate if "None" applies.

Table with 6 columns: Previous Carrier, Policy Year, Premiums Paid, Description of Loss, Amount Paid, Amount Reserved

****LOSS RUNS REQUIRED ON GARAGE RISKS WITH 8 (EIGHT) OR MORE EMPLOYEES****

Has similar insurance ever been cancelled, declined or refused for renewal? (Not applicable in Missouri) [] Yes [] No
If yes, explain: _____

List All Owners, Employees, Clerical (Include any non-employee, silent owners or family members furnished an auto)

Table with 8 columns: Last Name, First Name, Middle Initial, Name Suffix, Sex (M/F), Date of Birth, License No., License State, Drives Scheduled Vehicle #, Furnished a Car?, Job Duties, Full Time, Part Time

****IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST****

Security and Protection

1. Do you store vehicles overnight? [] Yes [] No If yes, describe your lot protection (each location)
How are vehicles stored? _____

2. Do you park customer's vehicles on the street? [] Yes [] No



- 3. If you perform spray painting, do you have a spray booth?
Is it equipped with explosion proof lights, outside ventilation & bay separation?
4. Is your lot well lit at night?
5. Are signs posted to keep customers from the work area?
6. Are Firearms kept on the premises?
7. Is your lot patrolled by a security guard? Is the guard armed?
Do you have any other security devices, i.e., cameras, alarms? If yes, please describe
8. Do you have any animals on premises?
9. Do you leave keys in vehicles?
10. Describe how keys are controlled
11. Describe how plates are stored/secured

Vehicles Repaired Or Sold

Table with 3 columns: Description, Repair, Sales. Rows include Private passenger cars, Trucks, Sports Cars, Motorcycles, Antique or Classic Vehicles, Boats-Hull, Boats-Motors, Golf Carts, ATV's, Jet Skis, Motor homes, Trucks > 20,000 # GVW, Truck tractors, Mobile Home Dealer, Utility trailers, Farm Equipment, Construction Equipment, and Other.

Service Work. Identify by percentage the amount of each type of service work from the list below

Table with 2 columns: Description, Percentage. Rows include Brakes, Car Wash, Custom Wheel/Rim Manufacturing, Electrical, Muffler, Oil & Lube, Radiator, Sound System/Alarms, Tires, Airbags, Body Work, Detail, Painting, Gasoline/LPG Sales, Lift Kit Installation, Hitches, Hydraulics, Interlock Devices, and Performance Upgrades.



AAMGA

MEMBER AMERICAN ASSOCIATION OF MANAGERS GENERAL AGENTS

Lic #: 0482919

| | |
|---|---|
| <input type="checkbox"/> Transmission | % |
| <input type="checkbox"/> Tune-up | % |
| <input type="checkbox"/> Window Tinting | % |
| <input type="checkbox"/> Windshield Repair | % |
| <input type="checkbox"/> Windshield Replacement | % |

| | |
|---|------|
| <input type="checkbox"/> Suspension (not lift kits) | % |
| <input type="checkbox"/> Valet Parking **complete BG-GA-390 | % |
| <input type="checkbox"/> Welding **complete BG-GA-497 | % |
| <input type="checkbox"/> Other: Description: | % |
| Total | 100% |

The following questions apply to ALL applicants:

1. Do you loan any vehicles? Yes No If **yes**, explain _____
2. Do you pick up and deliver customers vehicles? Yes No If **yes**, how far and how often _____
3. Do you perform any machining, re-machining, re-boring operations? Yes No
If **yes**, please explain _____
4. Do you rebuild any of the following: brakes, steering systems, or restraint systems? Yes No
5. Do you perform any frame straightening? Yes No If **yes**, Type of Frame Straightener:
 - a. Laser Measuring device
 - b. Optical Measuring device
 - c. Mechanical Gauge
 - d. Make & Model _____



- 6. Do you buy salvage for reconstruction? Yes No
- 7. Do you repair vehicles with damage totaling more than 75% of the ACV of the vehicle? Yes No
- 8. Do you modify, rebuild or perform conversions on vehicles? Yes No
If **yes**, please explain _____
- 9. If you perform hydraulic repairs, do you repair any of the components that operate the lifting apparatus (i.e.: Components that lift persons and/or property) Yes No If **yes**, explain _____
- 10. Do you own, repair, service, or sponsor a race car? Yes No
- 11. Do you repossess autos? Yes No
- 12. Do you tow? For Hire _____ % Rotation _____ % Repo _____ %
- 13. Do you have a storage lot on premises? Yes No
- 14. Do you dismantle autos or have salvage operations? Yes No

If you are a Dealer, please answer the following questions:

- 1. Do salespeople accompany customers on all demonstration rides? Yes No
- 2. What radius do you drive or transport vehicles from your location?
 Less than 300 miles 300 – 500 miles 501 – 1000 miles Over 1,000 miles
- 3. How do you transport vehicles to and from your lot?

| | | | |
|---------------------|--|---------------------------------|--|
| Own Tow Truck | <input type="checkbox"/> Yes <input type="checkbox"/> No | Car Hauler Contracted by Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tow Bars or Dollies | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tow Trucks Contracted by Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Own Car Haulers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Temporary or Contract Drivers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- 4. Do you finance autos you sell? Yes No
- 5. Do you repossess autos you sell? Yes No
- 6. Are titles transferred to purchaser at time of sale? Yes No
If **No**, please explain _____
- 7. How many vehicles are sold per year? _____
- 8. Do you Advertise Autos on the Internet? Yes No
If **yes**, please provide Internet Address (URL) _____
- 9. When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? Yes No
- 10. Do You Sell:

| | | | |
|-----------------------|--|--|--|
| Salvage Title Autos | <input type="checkbox"/> Yes <input type="checkbox"/> No | Consigned Autos (If yes, attach consignment agreement) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Autos on the Internet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Autos Wholesale | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Autos Retail | <input type="checkbox"/> Yes <input type="checkbox"/> No | Broker Autos | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- 11. Where do you get the vehicles you sell? (i.e., auto auctions, trade-ins, etc.) _____



Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature/Title

Date

Co-Applicant Signature/Title

Date

Agent

Did your office control this risk in the past? Yes No

Agent's or Broker's Name

Telephone Number

Agent's Signature

Address

Date

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.