



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

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 Ground-Up? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Machine Shop	_____ %
Bedliner Installation	_____ %	Oil /Lube	_____ %
Body & Paint Shop	_____ %	Parking Lot or Garage (self-park)	_____ %
Brakes	_____ %	Parts Sales (Uninstalled)	_____ %
Breathalyzer / Ignition Interlock	_____ %	Pawn Shop – Auto and/or Title Pawn	_____ %
Car Wash <input type="checkbox"/> Full Service <input type="checkbox"/> Self Service	_____ %	Roadside Assistance	_____ %
Is there an automated car wash on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tires _____ %	
If yes, who drives vehicles through? <input type="checkbox"/> Customer <input type="checkbox"/> Employee		Salvage Operations (Supplement Required)	
Convenience Store	_____ %	Salvage Titled Auto Repair /Rebuilding	_____ %
Cooking / Restaurant exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salvage Yard	_____ %
Customization and/or Performance Enhancement	_____ %	Suspension	_____ %
Purpose: <input type="checkbox"/> Speed <input type="checkbox"/> Appearance <input type="checkbox"/> Run Better		Tires (If any, complete tire section below)	_____ %
Detailing (hand wash/detail only)	_____ %	Trailer Hitch Install or Repair	_____ %
DIY Self Service Bay Rental	_____ %	Bolt _____ % Weld _____ %	
Engine Repair	_____ %	Transmission	_____ %
Fabrication / Machine Shop	_____ %	Tune Ups / Maintenance	_____ %
Fiberglass Body Repair	_____ %	Window Tinting	_____ %
Frame Work: Straightening <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Windshield Install or Repair	_____ %
Cutting/Stretching <input type="checkbox"/> Yes <input type="checkbox"/> No		Wraps	_____ %
Do you cut between the axles? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wrecker For Hire Repo <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Fuel Conversion (CNG, Nitrous) Type _____	_____ %	Wrecker Not For Hire	_____ %
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	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

Furnished an Auto for Personal Use

- 1 Active Owner, Partner or Officer
- 2 Inactive Owner, Partner or Officer
- 3 Employee
- 4 Non-Employee with no personal auto policy in place

Not furnished an Auto for Personal Use

- 5 Employee who operates covered autos
- 6 Named Contract Driver
- 7 Clerical
- 8 Mechanic

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





SPECIALTY VEHICLE SUPPLEMENT

Applicant Name: _____ Operations: Dealer Non-Dealer

AUTOS	HEAVY VEHICLES
Autos (private passenger and light trucks) _____%	Bucket & Boom Trucks / Cherry Pickers _____%
Emergency Vehicles – Police Cars, Ambulances _____%	Buses – Provide Passenger Capacity _____%
Food Trucks _____%	Cranes _____%
Golf Carts - Licensed for Road Use _____%	Dump Trucks _____%
Military Vehicles _____%	Emergency Vehicles - Trucks _____%
Mopeds / Scooters (must be street legal) _____%	Logging Trucks / Equipment _____%
Motorcycles _____%	Refrigerated Vans / Trailers _____%
Municipal Vehicles _____%	Tankers / Tanker Trailers _____%
Recreational Vehicles / Motor Homes _____%	Truck - Heavy & Extra Heavy _____%
BOATS & WATERCRAFT	OFF ROAD VEHICLES
Boat / Watercraft _____%	ATV's (3 wheeler, 4 wheeler) _____%
Jet Ski _____%	Dirt Bikes / Motocross Cycles _____%
EQUIPMENT	Golf Carts - Not Licensed for Road Use _____%
Construction / Contractors Equipment _____%	Off Road - 4 x 4 _____%
Farm Equipment & Implements _____%	Snowmobile _____%
Forklifts _____%	TRAILERS
Lawn / Tree Service Equipment _____%	Travel Trailers / Campers (pull-behind) _____%
OTHER	Utility / Service (2,000 lb. capacity) _____%
_____ %	Trailers – Semi / Livestock _____%

1) BREAKDOWN OF WORK PERFORMED - COMPLETE ALL 3 CATEGORIES AS APPLICABLE TO TOTAL 100%

Body and / or Paint _____%	Radiator _____%
Blade Sharpening _____%	Refrigeration Unit _____%
Brakes _____%	Roll Bars / Cages _____%
Engine Overhaul _____%	Snow Plow Installation _____%
FMCSA Inspections (Answer #6) _____%	Suspension / Frame _____%
Fifth Wheel installation, service or repair _____%	Tank Cleaning – Internal _____%
Hydraulics – General _____%	Tank Repair – External _____%
Hydraulics – Lifting Apparatus _____%	Tire Repair or Replacement _____%
Oil & Lube _____%	Tune Up _____%
Power Train _____%	Wash & Detail _____%
Other _____%	Describe: _____
Fabrication and/or parts manufacturing _____%	Describe: _____
Storage or parking space rental _____%	Receipts: _____
Structural Alterations _____%	Describe: _____
Welding _____%	Describe: _____

EMERGENCY VEHICLES – complete above and:

Aerial Ladder Service _____%	Lights, Sirens & Radios _____%
Ground Ladder Service _____%	Pump Service _____%
Ladder & Hoses _____%	Pump Testing _____%

MOTORCYCLES – complete above and:

Custom Motorcycle Manufacturing _____%	
Custom Motorcycle Building _____%	(assembly, no fabrication)
Trike Conversion _____%	





2) OPERATIONS:

BOATS & WATERCRAFT:

Do you conduct any operations at a marina, or while any watercraft is in the water? [] Yes [] No
Do you make any repairs using fiberglass? [] Yes [] No
If yes, explain where resins are stored on site: _____

EMERGENCY VEHICLE OPERATIONS:

Qualifications and Training: _____
Are your mechanics EVT Certified? [] Yes [] No
Do you Install, sell or service medical equipment for ambulances or paramedic's vehicles? [] Yes [] No

MOTORCYCLE and OFF-ROAD VEHICLE OPERATIONS:

Do you permit off-premises test drives of motorcycles or any off-road vehicles? [] Yes [] No
If yes: Do you have a specific route? [] Yes [] No
Do you accompany using an owned vehicle? [] Yes [] No
Where do you go? _____
How far do you go? _____
Is anyone furnished with personal use of a Motorcycle or other off road vehicle? [] Yes [] No
Do you sell any vehicles that are not manufactured in the U.S.? [] Yes [] No
If yes, do you obtain them from a U.S. distributor? [] Yes [] No

RV, MOTORHOME & CAMPER OPERATIONS

Do you repair kitchen appliances, electrical wiring, or heating/cooling systems? [] Yes [] No
If yes, what percentage of your operation? _____ %

3) Where do you conduct operations?

Your Premises _____% Customer's Location _____% Roadside _____%

4) Do you take autos to Trade Shows, Fairs or Special Events?

If yes, where do you go / how many per year? _____/_____

5) Are your mechanics ASE Certified?

If no, how many years of related experience do you require? _____

6) Do you test drive any vehicles over 26,000 off-premises?

If yes, do your drivers possess CDL licenses? [] Yes [] No

7) If you do FMCSA annual vehicle safety inspections, does / has the Inspector:

- a. Understand the FMCSA inspection criteria? [] Yes [] No
b. Mastered the inspection methods, procedures, tools and equipment? [] Yes [] No
c. Successfully completed a State or Federal inspection training program? [] Yes [] No
d. Have at least 1 year of training and/or experience consisting of:
• Participation in a manufacturer sponsored training program; or
• Experience as a mechanic or inspector:
o In a motor carrier maintenance program; or
o In a commercial garage; or
o For a State or Federal Government? [] Yes [] No

Additional Information: _____

This questionnaire does not bind the Application nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Signature of Agent

Date

Signature of Applicant

