



GARAGE APPLICATION

Agent Information

General Agency: _____ Retail Agency: _____
 Agent Name: _____ Agent Name: _____
 Phone Number: _____ Phone Number: _____

Applicant Information

Applicant's Name: _____
 Mailing Address: _____ City: _____
 County: _____ State: _____ Zip: _____ Phone: _____
 Business Trade Name: _____
 Business Legal Entity: Individual Partnership Limited Liability Corporation Corporation Other
 Business Description: _____
 Is your business mobile in nature? Yes No Website: _____
 Requested Dates: Effective: _____ Expiration: _____ Years in Business: _____
 Years of Experience: _____

Locations where you conduct Garage Operations:

Do these locations belong to your business entity? Yes No

| Loc. # | Address | City | County | State | Zip |
|--------|---------|------|--------|-------|-----|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Insurance Information:

Mark Box if no prior insurance

| Prior Carrier | Effective Date | Expiration Date | Policy Premium |
|---------------|----------------|-----------------|----------------|
| | | | |
| | | | |
| | | | |

Loss Information:

Mark Box if no prior losses

| Date of Loss | Narrative Description of Loss | Amount Paid | Amount Reserved |
|--------------|-------------------------------|-------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

1. Has your insurance been cancelled or non-renewed within the last three (3) years? Yes No
(n/a in MO)

If Yes, please explain:

2. Hours of operation: _____

3. Total Annual gross receipts from: Auto sales \$ _____ Repair \$ _____
Uninstalled Parts \$ _____ Retail Sales \$ _____ All other operations \$ _____

4. Do you participate in any ride share programs? Yes No

If Yes, explain:

5. Do you have or maintain animals on your premises? Yes No

If Yes, types and breeds:

Are they pets? Yes No Are they security? Yes No

6. Do you have or maintain firearms on your premises? Yes No

7. Personnel – Please list all owners, employees, drivers and any family or non-employees who have access to autos.

| Name | Date of Birth | Driver's License # | State | Class of CDL | # Violations Accidents – past 3 years | | Position | Auto Use | Status |
|------|---------------|--------------------|-------|--------------|---------------------------------------|-----------|----------|----------|--------|
| | | | | | Violations | Accidents | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Position:

- 1-Owner, partner, officer 4-Lot person, porter, clerical
2-Manager, Salesperson 5-Non employed personnel
3-Mechanic 6-Other

Vehicle Use:

- 1-Furnished
2-Not furnished, business use only
3-Non driving

Status:

- F-Full Time
P-Part Time (20 hrs)
N-Non employee

Applicant Information

Vehicle Section

By percentage indicate the types of vehicle sold or serviced in your garage operations. Percentage needs to equal 100% for each column.

| Type | Repair % | Sales % |
|---|----------|---------|
| Private passenger, SUVs, pick-up trucks and vans | | |
| Autonomous autos (Self driving autos) | | |
| All-Terrain Vehicles including dirt bikes | | |
| Antique or Classic autos typically over 30 years old | | |
| Bucket, boom trucks or cranes | | |
| Busses, motor coaches | | |
| Emergency vehicles (ambulance, police, fire)** | | |
| Equipment (agricultural, farm, construction, forklifts, etc.)** | | |
| Golf carts | | |
| Motorcycles / Scooters | | |
| Mobile Homes | | |
| Racing autos | | |
| Recreational Vehicles, Motorhomes** | | |
| Refrigerated autos | | |
| Sports cars / High performance | | |
| Trucks, tractors and semi-trailers (greater than 26,000 gross vehicle weight)** | | |
| Utility Trailers | | |
| Watercraft | | |
| Any type that has been modified for the physically impaired | | |
| Total: | | |

** Requires completion of Supplemental Application

Dealer Section

8. What type of dealer license do you hold? Retail Wholesale
 Dealer license #: _____ State: _____
9. Do you sell New autos? Yes No Used autos? Yes No
 New auto sales % _____ Used auto sales % _____
10. What percent of your auto sales are: Retail auto sales % _____ Consigned auto sales % _____
 Wholesale auto sales % _____ Salvage title % _____
- 10a. If salvage titles, do you operate a salvage lot? Yes No
 Requires completion of Supplemental Application
- 10b. If consignment sales do you have a consignment agreement? Yes No
11. Do you hold or conduct auto auctions? Yes No
 Requires completion of Supplemental Application

12. Number of dealer plates _____ Any other types of plates? Yes No
 Type: _____ Number: _____

13. Where are your plates stored? _____

14. Do you buy or sell vehicles via the internet? Yes No If Yes, what % _____

15. How many autos do you sell a year? _____

16. Please provide value and number of autos stored at your location:

(Mandatory for physical damage coverage.)

| Location | Maximum value of all autos | Average value per auto | Maximum value per auto | Average # of autos | Maximum # of autos |
|----------|----------------------------|------------------------|------------------------|--------------------|--------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Describe the theft protection for each location listed above:

1. _____
2. _____
3. _____

17. Do you store autos anywhere besides the locations listed above? Yes No

If Yes, where: _____ For what period of time? _____

| Address | City | County | State | Zip | Reason |
|---------|------|--------|-------|-----|--------|
| | | | | | |
| | | | | | |
| | | | | | |

18. Describe your key controls:

a. During business hours: _____

b. After business hours: _____

Are keys left in or upon a vehicle at any time? Yes No

19. Do you transfer title: At time of sale? Yes No When state transfers title? Yes No

When auto is paid in full? Yes No Other? Yes No

Explain other: _____

20. Where do you purchase your autos? _____

21. Do you purchase autos over 300 road miles away from your sales lot? Yes No

If Yes, how many times a year? _____ What is the furthest distance? _____

22. Who transports the autos to your lot? Yourself/employees Contract drivers Transport company
 Other _____
 If Contract drivers or transport co, do they carry their own insurance? Yes No
23. Do you pick up or deliver autos not owned by you? Yes No
 If Yes, please explain:

24. Do you repossess autos for yourself? Yes No For others? Yes No
25. Do you export or ship autos to other countries? Yes No
26. Do you loan or lease vehicles? Yes No
 a. If Yes, for what purpose? _____
27. Test drives:
 Do you always obtain a copy of the customers' driver's license? Yes No
 Do you always obtain proof of insurance? Yes No
 Do you always ride along? Yes No
 Explain all no answers:

 Do you allow overnight test drives? Yes No

Non Dealer Section

List the percentage of the type of work you do. Percentages must equal 100%.

| Type of Work | Percent |
|---|---------|
| Auto booting | |
| Auto conversion (any type) | |
| *Auto maintenance and repair | |
| Auto transport | |
| Brakes | |
| Body work | |
| Dismantling** | |
| Electrical, including alarm and stereo | |
| Ignition Interlock Systems (Breathalyzer) | |
| Frame work – see question #30 | |
| Glass installation/repair/tint | |
| Hitch Installation: Bolt on % Weld % | |
| Hydraulics – see question #31 | |
| Lift kit installation | |
| Oil and lube | |

| Type of Work | Percent |
|--|---------|
| Painting/Clear coating | |
| Performance enhancements | |
| Repossession | |
| Self-parking | |
| Storage/Impound | |
| Suspension (not lift kits) | |
| Wash/Detail | |
| Tires – New sales/service/ installation | |
| Tires – Used sales/service/ installation | |
| Towing for hire** | |
| Upholstery | |
| Valet parking** | |
| Wrecker service** | |
| Other: | |
| Other: | |

*Auto maintenance and repair includes: Replacement of standard auto parts, battery changes, belt/hose replacement, engine repair, mufflers, radiator, tire rotation, tune ups.
 ** Requires completion of Supplemental Application.

28. Do you do any welding? Yes No

If Yes, please explain in detail:

29. If you do frame work, do you: Cut? Yes No Weld? Yes No
 Stretch? Yes No Straighten? Yes No

30. Do you use a frame straightening machine? Yes No
 Year/Make/Model: _____

31. If you do hydraulic work, please describe components:

32. Do you have a paint booth? Yes No
 If Yes, is it ventilated with explosion proof lighting? Yes No

33. Are paints stored in closed metal cabinet? Yes No

34. Do you pick up and drop off vehicles at locations other than your own? Yes No

Explain:

35. Do you offer an expedited service, i.e. “30 minutes or less”? Yes No

36. How many transporter plates do you have? _____

37. Do you sell gasoline? Yes No Self-serve gallons: _____ Full-serve gallons: _____

38. Do you sell LPG or propane? Yes No
 Fill tanks? Yes No
 Exchange tanks? Yes No

39. Are signs posted to keep customers out of work areas? Yes No

40. Please provide value and number of customer autos stored at your location. Mandatory for Garagekeepers Coverage.

| Location | Maximum value of all autos | Average value per auto | Maximum value per auto | Average number of autos | Maximum number of autos |
|----------|----------------------------|------------------------|------------------------|-------------------------|-------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Describe the theft protection for each location listed above

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

41. Describe your key controls:
- a. During business hours: _____
- b. After business hours: _____
- Are keys left in or upon a vehicle at any time? Yes No

Coverage Requested

Garage Liability

Limits: Each Accident: _____ Aggregate: _____ Deductible: _____

Dealers Physical Damage (Wind, hail and flood restrictions may apply depending on state)

Coverage: Specified causes of loss & Collision Comprehensive & Collision

Limits: Per Vehicle: _____

Total lot limit each location: 1. _____ 2. _____ 3. _____

Deductibles: Specified causes of loss, or Comprehensive: _____ Collision: _____

Dealers Errors and Omissions

Truth in Lending - \$25,000 Title - \$25,000 Federal Odometer - \$25,000

Garagekeepers (Wind, hail and flood restrictions may apply depending on state)

Basis: Legal liability Direct primary Direct excess

Coverage: Specified causes of loss & Collision Comprehensive & Collision

Limits: Per Vehicle: _____

Total lot limit each location: 1. _____ 2. _____ 3. _____

Deductibles: Specified causes of loss, or Comprehensive: _____ Collision: _____

In-tow – Must have Garagekeepers

Autos used for towing (Per vehicle limit, coverage and deductible are the same as Garagekeepers)

| | Year | Make | Model | Vehicle Identification # | Tow Capacity - # of autos | Cost / ACV | Vehicle Type / Use |
|----|------|------|-------|--------------------------|---------------------------|------------|--------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |

Scheduled Auto Coverage

Applies to all scheduled autos if selected (subject to state restrictions)

Liability – limits same as Garage Liability Deductible: _____

Uninsured Motorists / Underinsured Motorists Personal Injury Protection

Auto Medical Payments applies if selected below

Physical Damage – Applies to scheduled autos that have a Cost or ACV listed

Specified causes of loss & Collision Comprehensive & Collision

Deductibles: Specified causes of loss, or Comprehensive: _____ Collision: _____

Scheduled Autos

| | Year | Make | Model | Vehicle Identification # | G.V.W. | Cost / ACV | Vehicle Type / Use |
|----|------|------|-------|--------------------------|--------|------------|--------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |

Gross Vehicle Weight (G.V.W.) Vehicle Type / Use
 0 – 10,000 Personal
 10,001 – 20,000 Service
 20,001 – 25,999 Tow Truck
 Trailer / Dolly

No Fault Coverage – Not available in all states for all risks

(Must have a state specific selection / rejection form completed for proper coverage)

Uninsured Motorists / Underinsured Motorists Personal Injury Protection

Limits: _____ Total number of plates: _____

Other Coverage Options – Not available in all states for all risks

Auto Medical Payments Limit: \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

Premises Medical Payments Limit: \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

Broadened Coverage

Personal Injury Liability – Limits same as Garage Liability

Damage to Rented Premises (Fire Legal Liability) \$ 50,000 \$100,000 \$150,000
 \$200,000 \$250,000 \$300,000

Hired Auto – Liability coverage

Transporter Plates – Liability coverage

Total number of plates: _____

Waiver of Subrogation`

Number of Waivers: _____

Additional Insured – Premises Owner

Number of AI's: _____

Additional Insured – Others

Number of AI's: _____

Designated Insured

Number of DI's: _____

Dealer's Driveaway Coverage Radius in miles: 0-300 301-500 501-1000 Unlimited

APPLICANT FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Automobile Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

NOTICE TO NEW YORK APPLICANTS: General: All applications for commercial insurance, other than automobile insurance: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

All applications for automobile insurance and all claim forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____



SALVAGE YARD SUPPLEMENTAL APPLICATION

(Complete in addition to the Acord Application)

Applicant Name: _____

Location: _____

1. Is the yard completely fenced/gated? Yes No
Describe: _____

2. Does the applicant allow customers in the yard? Yes No
If Yes, are customers always accompanied by an employee? Yes No
Are customers allowed to pull their own parts? Yes No

3. Does applicant stack vehicles? Yes No

If Yes, how high?

4. Is there a car crusher on premises? Yes No

5. Does applicant install parts and/or accessories or perform repairs? Yes No

6. Gross annual receipts for uninstalled parts sales: \$ _____

7. Does applicant sell vehicles? Yes No
(coverage does not apply to salvage titled autos)

Comments: _____

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NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

NOTICE TO NEW YORK APPLICANTS: General: All applications for commercial insurance, other than automobile insurance: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

All applications for automobile insurance and all claim forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____