Surplus
Insurance
Brokers
Agency Inc.

Call 800-342-5706
Fax 800-578-7758 • www.surplusins.com
Email quotes: submit@surplusins.com
P O Box 749, South Bend IN 46624-0749

GARAGE APPLICATION

1. Name of Applicant: _____
   DBA: _____
   Effective Dates Desired: From: _____ To: _____
   Mailing Address: _____
   City: _____ State: _____ Zip: _____
   Applicant's Web Site Address: _____
   Applicant's Contact Name: _____ Applicant's Contact Phone No.: _____
   Applicant's Contact Email Address: _____
2. Years of experience in field: _____ Years in business: _____
   Description of operations: _____
   Business Entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC
   ☐ Other: _____
   FEIN #: _____
3. Do you own other businesses than the above? ☐ Yes ☐ No
   Provide named insured and types of operations conducted:

   _____
   Do businesses share employees? ☐ Yes ☐ No
   If yes, list employees: _____

   _____
4. **Locations where you store or display covered Autos (If stored in building complete Property Acord 140 Application)**:
   Location #1 address: _____
   Own or lease location: ☐ Own ☐ Lease
   Location #2 address: _____
   Own or lease location: ☐ Own ☐ Lease
   Location #3 address: _____
   Own or lease location: ☐ Own ☐ Lease
5. Do you perform operations/display at locations other than those listed above? ☐ Yes ☐ No
   If yes, describe: _____
6. Do you lease space at any location to other businesses? ☐ Yes ☐ No
   If yes, describe the business and if they have their own insurance: _____

   _____
   Do you share a lot with other businesses? ☐ Yes ☐ No
7. Are you a franchised business (ex: Ford Dealership, Jiffy Lube)? ☐ Yes ☐ No
   If yes, please describe: _____
8. Do you have dogs that are specifically trained as security or guard dogs? ☐ Yes ☐ No
9. Do you have firearms on premises? ☐ Yes ☐ No

10. Total Gross Receipts for your operations:

Operations Extension Classes/Rating Basis	Exposure Basis	Operations Extension Classes/Rating Basis	Exposure Basis
Auto / Equipment sales		Gas Dealers - LPG (13410/gallons)	
Service / Repair		Glass Dealers or Glaziers (13590/sales)	
Auto Parts Supply Stores (10071/sales)		Machinery or Equipment Dealer - yard or garden type (15063/sales)	
Car Washes - Self Service (10368/# of bays)		Mobile Home Sales Agencies (15488/sales)	
Convenience Store (13673/sales)		Cleaning - Outside surfaces of buildings (91523/payroll)	
Gasoline Stations (13454/gallons) ☐ Full service ☐ Self service		Upholstery (99826/payroll)	

11. Describe key controls:
    During business hours: _____ After business hours: _____
    If a key box is used, describe location of key box (in building, attached to autos, etc.)
    _____
12. Do you pick up and deliver customer autos? ☐ Yes ☐ No
    If yes, how many times per week? _____ What's the maximum radius traveled? _____
13. Do you provide for hire towing or recovery operations? ☐ Yes ☐ No
    If yes, explain: _____
14. How are autos transported to your premises?
    Transport carrier: _____ % Your drivers: _____ % Customers: _____ %
    Do you have a service auto that is used to tow autos to your premises? ☐ Yes ☐ No
15. Do you loan or lease or rent autos to others (If yes, provide agreement)? ☐ Yes ☐ No
    Do you loan autos to customers while their auto is being repaired? ☐ Yes ☐ No
    What type of plate do you attach to loaned autos? _____
    Do you have separate insurance in place for liability and physical damage coverage? ☐ Yes ☐ No
    Carrier information: _____
16. Do you repossess autos? ☐ Yes ☐ No
    If yes, are these the autos you sold? ☐ Yes ☐ No
    Do you repossess autos for others (ex: banks or other dealers)? ☐ Yes ☐ No
17. Do employees use their own autos within the scope of their employment? ☐ Yes ☐ No
    If yes, how many times per week? _____ Radius traveled? _____
    What duties do they perform (ex: bank, business errands)? _____
18. Do you own and/or sponsor any autos used in racing events? ☐ Yes ☐ No
    If yes, provide details: _____
19. Do you hold special events on your premises? ☐ Yes ☐ No
    If yes, describe events: _____
    How many do you hold per year: _____

20. Dealer/Transporter Plates

	Dealer	Transporter
How many plates do you have?		
Do you loan, sell, or rent plates to others?	☐ Yes ☐ No	☐ Yes ☐ No
Where are plates stored when not in use?		
What are the plates used for?		
Plate numbers		

Garage Operations (must total 100%):

Auto Type	% Dealer	% Service/Repair
Private Passenger (car, SUV, truck)		
Electric Vehicle (car, SUV, truck)		
Heavy Truck (incl Semi-Trailers) - ***Must complete supplement***		
Trailers (utility, horse, toy, boat)		
Motorhome/RV - ***Must complete supplement***		
Travel/Camper Trailer - ***Must complete supplement***		
ATVs/UTVs/Off Road - ***Must complete supplement***		
Motorcycles - ***Must complete supplement***		
Buses - ***Must complete supplement***		
Farm Equipment/Implements - ***Must complete supplement***		
Construction/Contractors Equipment - ***Must complete supplement***		
Boats/Jet Skis		
Salvage Parts - ***Must complete supplement***		
Emergency Vehicles		
Golf Cart		
Other (Describe below)		

Other description: _____

_____

_____

Rating Exposure: List ALL owners, employees regardless of duties, drivers, contract drivers, 1099 workers, family members and non-family members including any person that has access to covered autos (except customers): (Full Time is 20+ hours/week)

Loc. No.	Name	DOB	DL #/State	CDL class	Furnished Auto Y/N	PAP in place Y/N	Violations/ Accidents Past 3 years Y/N	FT / PT	Job Title/Duties/Relationship

Have all drivers, including children away from the home and/or in college who may operate your autos been listed on this application? ☐ Yes ☐ No

If not, explain: _____

_____

INSURANCE HISTORY

1. Has your insurance been cancelled or non-renewed within the last three years? (Not applicable in Missouri) ☐ Yes ☐ No

   If yes, explain: _____

2. A minimum of three year history is required. If three years are unavailable, explain: _____

Current Carrier/Prior Carrier	Effective/Expiration Dates	Policy Premium
		$
		$
		$
		$

Date of Loss	Amount	Description of Loss
	$	
	$	
	$	
	$	
	$	

DEALER OPERATIONS (If no dealer operations, skip to SERVICE OPERATIONS below

1. Are you a licensed dealer? ☐ Yes ☐ No

   Dealer or Wholesaler ID# _____

   Dealer license type: ☐ Retail ☐ Wholesale ☐ Other: _____

   If wholesale, do you meet the following definition: *Auto Wholesaler (includes Auto Broker) is one who buys or sells used autos to or from retail auto dealers*. ***Auto Wholesalers may not sell directly to the public***. ☐ Yes ☐ No

2. How many autos do you sell per year? _____

   Retail%: _____ Wholesale%: _____ Consignment (agreement required)% _____

3. Test Drives:

   Do you allow overnight test drives? ☐ Yes ☐ No

   Do you obtain a copy of the customer's driver license and proof of auto insurance prior to test drives? ☐ Yes ☐ No

   Do you allow unaccompanied test drives? ☐ Yes ☐ No

   If yes, do you have procedures in place to prevent auto theft? ☐ Yes ☐ No

   Describe: _____

4. Do you perfom repairs to owned autos prior to selling (If yes, complete the repair section of this application)? ☐ Yes ☐ No

5. Do you subcontract out any work? ☐ Yes ☐ No

   If yes, what type of work? _____

   Obtain certificates of insurance? ☐ Yes ☐ No

6. How are sales conducted:

   Internet _____ % From your location: _____ % Auctions: _____ % Via phone: _____ %

7. Do your customers purchase autos from you sight unseen? ☐ Yes ☐ No

8. Title Transfer:
   When do you transfer title: _____
   Do you offer in-house financing? ☐ Yes ☐ No
   If yes, do you list your dealer as lienholder and the customer as the title holder? ☐ Yes ☐ No
   Do you keep open titles? ☐ Yes ☐ No
9. Do you export autos? ☐ Yes ☐ No
   Are titles transferred prior to the auto leaving your possession for shipping? ☐ Yes ☐ No
   How are autos transported to the shipping port? _____
10. Do you import autos? ☐ Yes ☐ No
    Are you a US distributor? ☐ Yes ☐ No
11. Do you require personal auto insurance to be in place prior to relinquishing a sold auto? ☐ Yes ☐ No
12. Do you deliver autos to customers after the sale is complete? ☐ Yes ☐ No
    Who drives the autos to customers:
    Insured/employees: _____ % How many times per month: _____ Radius: _____
    Contract drivers: _____ %
    Hired Transporter: _____ %
13. What states do you travel to? _____
    Any travel into (check all that apply): ☐ Illinois ☐ Michigan ☐ New Jersey ☐ New York
    How often do you travel over 500 miles to purchase autos (ex: weekly, monthly)? _____
    What is the furthest distance you travel to purchase autos: _____
14. If you use contract drivers, how many do you use per year? _____
    Do you verify they have a valid US driver license? ☐ Yes ☐ No

SERVICE/REPAIR OPERATIONS (if none, skip to COVERAGES REQUESTED)

1. What type of work do you perform: **MUST TOTAL 100%**

Type of Service/Repair	% of operations	Type of Service/Repair	% of operations
Oil/Lube		Body work	
Tune Up		Wash/Detail	
Muffler		Window Tint	
Radiator		Accessory Install (stereo, alarm)	
Electrical		Transmission	
Brakes		Windshield	
Hitches: Bolt or Weld		Lift Kit Install	
Upholstery		Suspension (other than lift kit)	
Tires - **Must complete supplemental**		Performance Modifications (Describe below)	
Framework (Must complete Q#9 below)		Wheel alignment	
Painting including clear coat		LPG	
Valet		Restoration	
Rebuilding		Breathalyzer/Interlock	
Air Bag		Storage	
Other (Describe below)		Towing: For-Hire ☐ Repo: ☐	

Other Description: _____

2. Where do you conduct garage operations:
   Your premises: _____ % Customer premises: _____ % Roadside: _____ %

3. Do you have quality control checks in place to ensure that repairs have been performed properly: ☐ Yes ☐ No
   If yes, describe: _____
4. Are signs posted or barriers used to keep customers out of the work area? ☐ Yes ☐ No
5. How are the following stored, drained and disposed:
   Used tires: _____
   Automotive fluids (ex. Motor oil, transmission fluid): _____
   Batteries: _____
6. Do you fabricate and/or manufacture items? ☐ Yes ☐ No
   If yes, provide a detailed listing of what is fabricated and/or manufactured: _____
7. Do you perform welding? ☐ Yes ☐ No
   Inside? ☐ Yes ☐ No
   Outside? ☐ Yes ☐ No
   Roadside? ☐ Yes ☐ No
   Customer premises? ☐ Yes ☐ No
   Protective safeguards to prevent fires: _____
8. Do you have a paint booth? ☐ Yes ☐ No
   Is it UL Approved? ☐ Yes ☐ No
   If no, is there a ventilation system and explosion proof lighting/fixtures? ☐ Yes ☐ No
   Is paint stored in proper cabinets outside the booth? ☐ Yes ☐ No
9. Is a frame straightening machine used? ☐ Yes ☐ No
10. Do you perform frame cutting or stretching? ☐ Yes ☐ No
    Provide details on what techniques are used: _____
    What is the end result of cutting or stretching? _____
11. Do you allow customers to pull into bay? ☐ Yes ☐ No

COVERAGES REQUESTED

1. Covered Autos Liability/General Liability:
   Each Accident Limit: $ _____ Aggregate limit: ☐ 1x ☐ 2x ☐ 3x
   Liability Deductible: ☐ $0 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000
2. Personal Injury/Advertising Injury: ☐ Covered ☐ Excluded
3. Damage to Rented Premises Liability: ☐ $50,000 ☐ $100,000 ☐ $300,000 ☐ Excluded
4. Locations & Operations Medical Payments: ☐ $500 ☐ $1,000 ☐ $2,000 ☐ $5,000
5. Auto Medical Payments: ☐ $500 ☐ $1,000 ☐ $2,000 ☐ $5,000
   ☐ Other: $ _____
6. Uninsured Motorist (must complete required state selection/rejection forms): ☐ Yes ☐ No
7. Personal Injury Protection (must complete required state selection/rejection form): ☐ Yes ☐ No
8. Physical Damage Values (coverage for owned autos while held for sale):

Loc. No.	Maximum Value of all Autos	Average Value per Auto	Maximum Value per Auto	Average # of autos on lot	Maximum # of autos on lot	Describe lot protection

Interest covered: ☐ Owner ☐ Owner and creditor (bank) ☐ Consignment (provide agreement)

Types of autos: ☐ New ☐ Used

Coverage Type (select one):

☐ Specified Causes (SCL) w/Collision ☐ Comprehensive (Comp) w/Collision

☐ Fire/Theft w/Collision ☐ Limited Specified Causes of loss w/Collision

Deductibles - All other perils (select one):

☐ $500 per auto/$2,500 aggregate & $500 collision per auto

☐ $1,000 per auto/$5,000 aggregate & $1,000 collision per auto

☐ $2,500 per auto/$12,500 aggregate & $2,500 collision per auto

☐ $5,000 per auto/$25,000 aggregate & $5,000 collision per auto

☐ $10,000 per auto/$50,000 aggregate & $10,000 collision per auto

Wind/Hail/Earthquake/Flood Deductibles per auto, no maximum aggregate (select one):

☐ $500 ☐ $1,000 ☐ $1,500 ☐ $2,500 ☐ $3,000 ☐ $4,000 ☐ $5,000

☐ $10,000

Optional Specified Perils Deductible (per occurrence):

Hail:	☐ $500	☐ $1,000	☐ $2,500	☐ $5,000
Flood:	☐ $500	☐ $1,000	☐ $2,500	☐ $5,000
Theft:	☐ $500	☐ $1,000	☐ $2,500	☐ $5,000
Wildfire:	☐ $500	☐ $1,000	☐ $2,500	☐ $5,000

Other Limits: At Temporary Locations: $ _____ While in Transit: $ _____

Loss Payee & Address: _____

_____

Drive away miles (if over 500 miles): _____

9. Garagekeepers Values (coverage for customers' autos while in your care, custody and control):

Loc. No.	Maximum Value of all Autos	Average Value per Auto	Maximum Value per Auto	Average # of autos on lot	Maximum # of autos on lot	Describe lot protection

Coverage Basis: ☐ Legal Liability ☐ Direct Primary

Coverage Type: ☐ Specified Causes (SCL) w/Collision ☐ Comprehensive (Comp) w/Collision

Deductibles - All other perils (select one):

☐ $500 per auto/$2,500 aggregate & $500 collision per auto

☐ $1,000 per auto/$5,000 aggregate & $1,000 collision per auto

☐ $2,500 per auto/$12,500 aggregate & $2,500 collision per auto

☐ $5,000 per auto/$25,000 aggregate & $5,000 collision per auto

☐ $10,000 per auto/$50,000 aggregate & $10,000 collision per auto

Wind/Hail/Earthquake/Flood Deductibles per auto, no maximum aggregate (select one):

☐ $500 ☐ $1,000 ☐ $1,500 ☐ $2,500 ☐ $3,000 ☐ $4,000 ☐ $5,000

☐ $10,000

Optional Specified Perils Deductible (per occurrence):

Hail:	☐ $500	☐ $1,000	☐ $2,500	☐ $5,000
Flood:	☐ $500	☐ $1,000	☐ $2,500	☐ $5,000
Theft:	☐ $500	☐ $1,000	☐ $2,500	☐ $5,000
Wildfire:	☐ $500	☐ $1,000	☐ $2,500	☐ $5,000

On-Hook Limits (In-transit/In-tow) - MUST have Garagekeepers coverage:

Auto No.	Description of auto transporting a covered "customer's auto"	Number of autos transported at one time	Limit for each auto transported	Select Coverage type and deductible
				☐ **Comprehensive** ☐ **Specified Causes of Loss**
			$	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000
			$	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000
			$	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000
			$	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000
			$	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000
			$	☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000

Scheduled Autos (All Service Use autos must be scheduled to be covered):

1. If filings are required, what type? ☐ State ☐ Federal ☐ Other: _____

Auto No.	Loc. No	Vehicle Description - Year, make, body type	Value	GVWR	VIN	Mileage radius	Usage	Coverage(s) Requested
			$				☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UIM ☐ PIP ☐ Auto Med Pay ☐ Physical Damage ☐ Comp ☐ SCL Phys. Ded: ☐ $1,000 ☐ $2,500
			$				☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UIM ☐ PIP ☐ Auto Med Pay ☐ Physical Damage ☐ Comp ☐ SCL Phys. Ded: ☐ $1,000 ☐ $2,500
			$				☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UIM ☐ PIP ☐ Auto Med Pay ☐ Physical Damage ☐ Comp ☐ SCL Phys. Ded: ☐ $1,000 ☐ $2,500
			$				☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UIM ☐ PIP ☐ Auto Med Pay ☐ Physical Damage ☐ Comp ☐ SCL Phys. Ded: ☐ $1,000 ☐ $2,500
			$				☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UIM ☐ PIP ☐ Auto Med Pay ☐ Physical Damage ☐ Comp ☐ SCL Phys. Ded: ☐ $1,000 ☐ $2,500

ADDITIONAL COVERAGES REQUESTED

1. Additional Insured (list ALL): _____

2. Waiver of Subrogation (list ALL): _____

3. Additional Insured w/ Primary & Non-Contributory wording (list ALL): _____

4. Registration/Transporter plates ($100,000 MAX liability limit available - plate numbers are required to be provided). ☐ Yes ☐ No
   - Personal Injury Protection: ☐ Yes ☐ No
   - Auto Medical Payments: ☐ Yes ☐ No
   - Uninsured Motorists: ☐ Yes ☐ No
   - Underinsured Motorists: ☐ Yes ☐ No
5. False Pretense: ☐ $25,000 ☐ $50,000 ☐ $100,000
6. Drive Other Car (Dealers only; Individuals included for this coverage must be rated as furnished): ☐ Yes ☐ No
   - Auto Medical Payments: ☐ Yes ☐ No
   - Comprehensive & Collision ☐ Yes ☐ No
     - Deductible: ☐ $500 ☐ $1,000 ☐ $2,500
   - Uninsured Motorists: ☐ Yes ☐ No
   - Underinsured Motorists: ☐ Yes ☐ No
   - List Individuals: _____
7. Broadened PIP for Named Individuals: ☐ Yes ☐ No
   - List Individuals: _____
8. Auto Dealer's Errors and Omissions.

   Select additional optional <u>exclusions</u> below (may exclude up to three):

   ☐ Federal Odometer and Omissions ☐ Title E&O

   ☐ Truth in Lending ☐ Insurance Agent or Broker (Submit if requested and applicant holds an active insurance agent/broker license)
9. Broad Form Products (not available for salvage yard, rebuilders): ☐ Yes ☐ No
10. **OTHER INFO**:

PROPERTY COVERAGE - MUST COMPLETE REQUIRED PROPERTY ACORD 140 APPLICATION OR EQUIVALENT TO OBTAIN COPE

FRAUD WARNING STATEMENTS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND 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 CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 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 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 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 A 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS:

APPLICABLE TO OTHER THAN AUTO: 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.

APPLICABLE TO AUTO: 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 TENNESSEE, VIRGINIA AND 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Named Insured (Print): _____ Date: _____

Named Insured (Signature): _____

*Authorized owner, partner or executive officer

Retail Agent Information:

Retail Agency: _____

Name of Retail Agent: _____ Retail Agent License No. _____

Retail Agent Address: _____

EMERGENCY VEHICLE & EQUIPMENT QUESTIONNAIRE

Surplus Insurance Brokers Agency Inc.

Call 800-342-5706
Fax 800-578-7758 • www.surplusins.com
Email quotes: submit@surplusins.com
P O Box 749, South Bend IN 46624-0749

Business Trade Name:_____

1. Describe total operations by percentage including type of vehicles you sell or service
- ☐ Ambulance _____%
- ☐ Fire _____%
- ☐ Police _____%
- ☐ Other _____% List:_____

2. What percentage of applicant's work is performed at?
- ☐ Your Shop _____ %
- ☐ Customer's Location _____ %

3. What percentage of applicant's operation is:

A. General service _____ %
- ☐ Brakes _____ %
- ☐ Electrical _____ %
- ☐ Engine Repair _____ %
- ☐ Hydraulics - General _____ %
- ☐ Maintenance/Preventive _____ %
- ☐ Oil & Lube _____ %
- ☐ Radiator _____ %
- ☐ Suspension/Frame Repairs _____ %
- ☐ Tire Repair or Replacement _____ %
- ☐ Transmission _____ %
- ☐ Tune Up _____ %
- ☐ Wash & Detail _____ %
- ☐ Other _____ % List:_____

B. Emergency Vehicle Specific _____ %
- ☐ Aerial Ladder Service _____ %
- ☐ Custom Vehicle Conversions _____ % Do you cut the frame between the axles? ☐ Yes ☐ No
- ☐ Fabrication _____ % Answer Question 8
- ☐ Ground Ladder Service _____ %
- ☐ Hydraulics – Lifting apparatus _____ %
- ☐ Ladders & Hoses _____ %
- ☐ Lights, Sirens, Radios _____ %
- ☐ Pump Service _____ %
- ☐ Pump Testing _____ %
- ☐ Tank Clean/Repair - Internal _____ %
- ☐ Tank Repair - External _____ %
- ☐ Other _____ % List:_____

Total: _____ % (Total of A & B must = 100%)

4. If any percentages listed in **3.B.** above, provide details of:

Qualifications:

Experience:

Work Performed:

5. Do you install, sell or service medical equipment for ambulances or paramedic vehicles? ☐ Yes ☐ No
If yes, is this covered elsewhere? ☐ Yes ☐ No

6. Do you sell or service any durable medical equipment (power chairs, walkers, etc.)? ☐ Yes ☐ No
If yes, is this covered elsewhere? ☐ Yes ☐ No

7. Do you test drive extra-heavy vehicles off-premises on public roadways? ☐ Yes ☐ No
If yes, is at least one driver appropriately licensed with a CDL? ☐ Yes ☐ No

8. What parts, equipment, and accessories do you fabricate?

FRAUD WARNING

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, declare that 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.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE