

**SUPPLEMENTAL APPLICATION FOR GARAGE POLICY**

Business Trade Name:

Internet Address (If any):

Years in Business:     Years Sales/Repair Experience:

Business Entity:  Individual  Partnership  Corporation  Other:

Describe your Operations:

Locations/Premises where you conduct Garage Operations:

1.

2.

|  |
| --- |
| **GENERAL INFORMATION** |

1. What are your normal business hours?

2. Are autos stored at your premises after normal business hours?  Yes  No

a. If yes, describe your theft barriers/storage at each location, for autos you OWN (building, fence & gate or post & cable):

Loc 1.

Loc 2.

b. If yes, describe your theft barriers/storage at each location, for autos you do **not** OWN (building, fence & gate or post & cable):

Loc 1.

Loc 2.

c. Do you own or lease Location 1?  Own  Lease

d. Do you own or lease Location 2?  Own  Lease

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

If yes, what types/breeds?

Are these animals pets?  Yes  No

Are they used for security purposes?  Yes  No

Do you maintain any other security measures not already listed?  Yes  No

If yes, explain:

4. Please provide value and number of autos stored at each location:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Maximum Value  of ALL Autos** | **Average Value  per Auto** | **Maximum Value  per Auto** | **Average No. of Autos** | **Maximum No. of Autos** |
| **Location No. 1** | $ | $ | $ |  |  |
| **Location No. 2** | $ | $ | $ |  |  |

5. Describe your key controls during business hours:       After business hours:

If a key box is used, describe location of key box (in building or attached to autos):

6. Do you pick up or deliver autos not owned by you?  Yes  No

If yes, explain:

Do you tow for hire?  Yes  No

If yes, explain:

7. Who drives or tows vehicles to your premises?

8. What is your normal radius of operations?

9. Do you loan or lease autos?  Yes  No

If yes, do you loan or lease autos to customers while their auto is being repaired?  Yes  No

Do you loan or lease autos for shorter than twelve (12) months?  Yes  No

10. Do you sell or store salvaged autos?  Yes  No

If yes, please indicate the purpose:

Sale of Salvage Titled Autos    % Rebuilding/Repairing Customers Autos    %

Sale of Used Parts    %

Other    % Explain:

# 11. List ALL Owners, Employees & Drivers:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | **DOB** | **Driver’s  License No.** | **State of  DL** | **CDL?** | | **Furnished Auto? Y/N** | **Works at Loc.  No.** | **Violations & Accidents  Past 3 Yrs.** | **Full or Part Time** | **Job Title/Duties** |
|  |  |  |  | **Y/N** | **Class** |  |  |  |  |  |
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12. List ALL Family members and non-family members (except customers):

(Indicate if they are furnished an auto for personal use **or** if they may be provided an auto for regular use, but not regularly furnished.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | **DOB** | **Driver License No.** | **State of DL** | **Will drive for  or Work in  business?** | **Furnished Auto?\*** | **Violations & Accidents Past Three Yrs.** | **Relationship** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\*P=Personal use; R=Regular use; NRF=Not regularly furnished.

13. Will anyone listed in either Items 11. or 12. use an auto for reasons other than listed?  Yes  No

If yes, please explain:

14. Have all members of your household been disclosed on this application?  Yes  No

If no, explain:

15. Have all drivers, such as children away from home or in college, who may operate your  
vehicles on a regular or infrequent basis, been listed on this application?  Yes  No  N/A

**INSURANCE HISTORY**

16. Has your insurance been cancelled or non-renewed within the last three years?  Yes  No

a. If yes, please explain:

|  |
| --- |
| b. A five year history is required. If five year history is unavailable, please explain: |

**UNDERWRITING INFORMATION**

16. Please provide your percentage of operations (Percentages MUST equal one hundred percent [100%]).

|  |  |  |
| --- | --- | --- |
|  | **Repair** | **Sales** |
| Private passenger cars, SUVs pick-up trucks, vans | % | % |
| Motorhomes | % | % |
| Motorcycles | % | % |
| Motor coaches or buses | % | % |
| Watercraft (boats, jet skis, etc.) | % | % |
| Dirt Bikes or ATVs | % | % |
| All other recreational autos | % | % |
| Equipment (farm, construction, contractors, etc.) | % | % |
| Travel trailers or camper trailers | % | % |
| Utility trailers or livestock trailers | % | % |
| Trucks, tractors, semi-trailers | % | % |
| Salvage titled autos | % | % |
| Salvage parts | % | % |
| Other: | % | % |
| TOTAL | 100% | 100% |

17. Total Gross Receipts from:

All Vehicle/Equipment Sales $       All Repair $

Other Product Sales $       Tow Truck Operations $

18. Where do you purchase vehicles?

Do you buy or sell vehicles on the Internet?  Yes  No

Explain:

19. Do you drive-away more than three hundred (300) miles from point of purchase?  Yes  No

If yes, how often?

20. How many vehicles do you sell per year?

How many of those are on consignment?

21. How many dealer plates do you have?

22 Do you repossess vehicles?  Yes  No

If yes, are these autos you have sold?  Yes  No

Do you repossess autos for banks or other dealers?  Yes  No

23. Test drives: Do you always obtain a copy of the customer’s license?  Yes  No

Do you always obtain proof of insurance?  Yes  No

Do you always ride along?  Yes  No

24. List the percentage of your work (Percentages MUST equal one hundred percent [100%]):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Work** | **Percent** |  | **Type of Work** | **Percent** |
| Oil & Lube | % |  | Wash/Detail | % |
| Tune-Up | % |  | Window Tint | % |
| Muffler | % |  | Clear Coating | % |
| Radiator | % |  | Stereo System | % |
| Electrical | % |  | Alarm System | % |
| Brakes | % |  | Transmission | % |
| Hitches | % |  | Windshield | % |
| Upholstery | % |  | Lift Kit Installation | % |
| Tires (New) | % |  | Suspension (Not Lift Kits) | % |
| Tires (Used) | % |  | Wheel Alignment | % |
| Frame Work | % |  | Performance Adjustments | % |
| Painting | % |  | Other: | % |
| Body Work | % |  | Other: | % |

25. Do you do any welding?  Yes  No

If yes, explain:

26.Do you have a spray paint booth?  Yes  No

If yes, is it U/L approved?  Yes  No

Is it ventilated?  Yes  No

Are fixtures covered/protected?  Yes  No

Is paint stored in fire-resistive cabinets outside the paint booth?  Yes  No

27.Do you sell gasoline?  Yes  No If yes, how many gallons per year?

Do you sell LPG?  Yes  No If yes, how many gallons per year?

28. Do you recap tires or sell recapped tires?  Yes  No

This application does not bind the applicant or the Company to an agreement. However, the information stated on the application shall be the basis of the contract should a policy be issued. The application does not provide coverage or  
limits and may reflect different coverages or limits than offered by the Company.

APPLICANT’S NAME:

APPLICANT’S SIGNATURE: DATE:

(Authorized owner, partner or executive officer)