

**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** |
| **LocationNo. 1** | $      | $      | $      |       |       |
| **LocationNo. 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** | **Worksat Loc. No.** | **Violations & Accidents Past 3 Yrs.** | **Full orPartTime** | **Job Title/Duties** |
|  |  |  |  | **Y/N** | **Class** |  |  |  |  |  |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |

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** | **DriverLicense No.** | **Stateof DL** | **Will drive for or Work in business?** | **Furnished Auto?\*** | **Violations & Accidents Past Three Yrs.** | **Relationship** |
|       |       |       |    |     |     |       |       |
|       |       |       |    |     |     |       |       |
|       |       |       |    |     |     |       |       |
|       |       |       |    |     |     |       |       |

\*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)