



# GARAGE APPLICATION

## General Information

Effective Date: \_\_\_\_\_

1. Your Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
(dba) \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Your Web site address \_\_\_\_\_

4. Location #1 Address \_\_\_\_\_

5. Location #2 Address \_\_\_\_\_

Is there work done elsewhere? i.e.; Roadside? \_\_\_\_\_ Customer's business location? \_\_\_\_\_

6. How long have you been in business? \_\_\_\_\_ How many years of related experience? \_\_\_\_\_

7. Type of Legal entity:  Individual  Partnership  Joint Venture  Limited Liability Corp.  
 Trust  Other Organization, including a Corporation (Please Describe) \_\_\_\_\_

8. Your Business operation? \_\_\_\_\_  
Explain any other business, owned by you \_\_\_\_\_

## Coverages

### A. Garage Liability Limits

Each "Accident" "Garage Operations" "Auto" Only \$ \_\_\_\_\_, Other than "Auto" Only \$ \_\_\_\_\_  
Aggregate "Garage Operations" Other Than "Auto" Only \$ \_\_\_\_\_

### B. Garagekeepers (for Customers Cars in your Care, Custody and Control)

Legal Liability  Direct Primary (Specified Causes of Loss/W Collision Only)  
 Specified Causes of Loss/w Collision **OR**  Comprehensive/w Collision  
Limit of Liability at Location #1 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_  
Limit of Liability at Location #2 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_  
Specified Causes or Comp Ded. \$ \_\_\_\_\_ Collision Ded. \$ \_\_\_\_\_

### C. On Hook (Coverage for vehicle in tow) Legal Liability Only

Specified Causes of Loss/w Collision **OR**  Comprehensive/w Collision

Unit Description	Limit On Hook Coverage	Deductible
	\$	\$
	\$	\$

### D. Dealers Physical Damage (coverage for damage to your autos)

Fire & Theft  Specified Perils of Loss  Comprehensive Deductible per auto \$ \_\_\_\_\_  
Limit of Liability at Location #1 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_  
Limit of Liability at Location #2 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_  
Blanket Collision (total for all listed locations) Limit \$ \_\_\_\_\_ Deductible per auto \$ \_\_\_\_\_

Interests covered: (check all those that apply)

- Your interest in covered "autos" you own  Your interest only in financed covered "autos"
- Your interest and the interest of any creditor named as loss payee
- All interests in any "auto" not owned by you or any creditor while in your possession on consignment



**E. Loss Payable Name and Address (advise which unit this applies to)**

**F. Schedule of Covered Autos (Dealers only)** List any owned tow truck, car hauler, or service vehicle to be insured.

Unit #	Year, Model, Serial Number	Body Type	Where Garaged	Radius	Physical Damage Stated Amount	Deductible
					\$	\$
					\$	\$
					\$	\$

**G. Medical Payments Coverage**

Limit per person \$\_\_\_\_\_  Premises only  Auto only  Premises and Auto

**H. Uninsured/Underinsured Motorist Coverage** (for requirements, check state status)

Yes  No If yes, limit(s) desired \$\_\_\_\_\_

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

Number of Dealer Plates \_\_\_\_\_ Transporter Plates \_\_\_\_\_ Other (please describe)\_\_\_\_\_

**H. Personal Injury Protection Coverage (PIP)** (for requirements, check state statutes)  Yes  No

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

**I. Personal Injury Liability**

Limit of Liability \$\_\_\_\_\_

**J. Fire Legal Liability**

Limit of Liability  \$50,000  \$100,000

**K. Broadened Coverage**

Limits of Insurance:

Fire Legal \$\_\_\_\_\_

**L. Building, Personal Property, Inland Marine, and General Liability Coverage's** (only available in some states).

If coverage is selected, please complete and attach Acord Application.

**M. List any Additional Insured's to be named and advise what their interest is in this operation.**

Additional Insured -  Landlord  Lessor or Leased Equipment  Franchisee  \*\*Customer

\_\_\_\_\_ If customer, please attach a copy of the contract that requires the Additional Insured.

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**N. Previous Carrier and Loss Information. Complete all fields. Indicate if "None" applies.**

Previous Carrier	Policy Year	Premiums Paid	Description of Loss	Amount Paid	Amount Reserved
				\$	\$
				\$	\$
				\$	\$

**\*\*\*\*LOSS RUNS REQUIRED ON GARAGE RISKS WITH 8 (EIGHT) OR MORE EMPLOYEES\*\*\*\***

Has similar insurance ever been cancelled, declined or refused for renewal? (Not applicable in Missouri)  Yes  No  
 If **yes**, explain: \_\_\_\_\_

List All Owners, Employees, Clerical (Include any non-employee, silent owners or family members furnished an auto)							
	Last Name	First Name	Middle Initial	Name Suffix	Sex (M/F)	Date of Birth	License No.
1							
2							
3							
4							
5							

  

	License State	Drives Scheduled Vehicle #	Furnished a Car?	Job Duties – i.e., mechanic, clerical, detail, sales or lot person (If not employed, show "None")	Full Time	Part Time (20 hrs or less per week)
1						
2						
3						
4						
5						

**\*\*\*\*IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST\*\*\*\***

**Security and Protection**

- Do you store vehicles overnight?  Yes  No If **yes**, describe your lot protection (each location)  
 How are vehicles stored? \_\_\_\_\_
- Do you park customer's vehicles on the street?  Yes  No
- If you perform spray painting, do you have a spray booth?  Yes  No  
 Is it equipped with explosion proof lights, outside ventilation & bay separation?  Yes  No
- Is your lot well lit at night?  Yes  No
- Are signs posted to keep customers from the work area?  Yes  No
- Are Firearms kept on the premises?  Yes  No
- Is your lot patrolled by a security guard?  Yes  No Is the guard armed?  Yes  No  
 Do you have any other security devices, i.e., cameras, alarms? If **yes**, please describe \_\_\_\_\_
- Do you have any animals on premises?  Yes  No
- Do you leave keys in vehicles?  Yes  No
- Describe how keys are controlled \_\_\_\_\_
- Describe how plates are stored/secured \_\_\_\_\_



**Vehicles Repaired Or Sold**

	Repair	Sales
<input type="checkbox"/> Private passenger cars, pick-up trucks, vans, Sport Utilities	%	%
<input type="checkbox"/> Trucks ≤ 20,000 # GWW	%	%
<input type="checkbox"/> Sports Cars or high performance cars (Porsche, Corvette etc)	%	%
<input type="checkbox"/> Motorcycles, Motorbikes **complete BG-GA-477	%	%
<input type="checkbox"/> Antique or Classic Vehicles	%	%
<input type="checkbox"/> Boats-Hull	%	%
<input type="checkbox"/> Boats-Motors	%	%
<input type="checkbox"/> Golf Carts	%	%
<input type="checkbox"/> ATV's, Jet Skis	%	%

	Repair	Sales
<input type="checkbox"/> Motor homes, Recreational vehicles **complete BG-GA-498	%	%
<input type="checkbox"/> Trucks > 20,000 # GWW **complete BG-GA-462	%	%
<input type="checkbox"/> Truck tractors, 5 <sup>th</sup> Wheels & Semi Trailers **complete BG-GA-462	%	%
<input type="checkbox"/> Mobile Home Dealer **complete BG-GA-496	%	%
<input type="checkbox"/> Utility trailers	%	%
<input type="checkbox"/> Farm Equipment **complete BG-GA-462	%	%
<input type="checkbox"/> Construction Equipment **complete BG-GA-462	%	%
<input type="checkbox"/> Other Description of other vehicle	%	%
Total	100%	100%

**Service Work.** Identify by percentage the amount of each type of service work from the list below

<input type="checkbox"/> Brakes	%
<input type="checkbox"/> Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self serve	%
<input type="checkbox"/> Custom Wheel / Rim Manufacturing	%
<input type="checkbox"/> Custom Wheel / Rim Installation	%
<input type="checkbox"/> Electrical	%
<input type="checkbox"/> Muffler	%
<input type="checkbox"/> Oil & Lube	%
<input type="checkbox"/> Radiator	%
<input type="checkbox"/> Sound System/Alarms	%
<input type="checkbox"/> Tires **complete BG-GA-478	%
<input type="checkbox"/> Transmission	%
<input type="checkbox"/> Tune-up	%
<input type="checkbox"/> Window Tinting	%
<input type="checkbox"/> Windshield Repair	%
<input type="checkbox"/> Windshield Replacement	%

<input type="checkbox"/> Airbags (Including Deactivating)	%
<input type="checkbox"/> Body Work	%
<input type="checkbox"/> Detail	%
<input type="checkbox"/> Painting	%
<input type="checkbox"/> Gasoline/LPG Sales	%
<input type="checkbox"/> Lift Kit Installation	%
<input type="checkbox"/> Hitches	%
<input type="checkbox"/> Hydraulics	%
<input type="checkbox"/> Interlock Devices (aka Breathalyzers)	%
<input type="checkbox"/> Performance Upgrades-Please detail:	%
<input type="checkbox"/> Suspension (not lift kits)	%
<input type="checkbox"/> Valet Parking **complete BG-GA-390	%
<input type="checkbox"/> Welding **complete BG-GA-497	%
<input type="checkbox"/> Other: Description:	%
Total	100%

The following questions **apply to ALL applicants:**

- Do you loan any vehicles?  Yes  No If **yes**, explain \_\_\_\_\_
- Do you pick up and deliver customers vehicles?  Yes  No If **yes**, how far and how often \_\_\_\_\_
- Do you perform any machining, re-machining, re-boring operations?  Yes  No  
If **yes**, please explain \_\_\_\_\_
- Do you rebuild any of the following: brakes, steering systems, or restraint systems?  Yes  No
- Do you perform any frame straightening?  Yes  No If **yes**, Type of Frame Straightener:
  - Laser Measuring device
  - Optical Measuring device
  - Mechanical Gauge
  - Make & Model \_\_\_\_\_



- 6. Do you buy salvage for reconstruction?  Yes  No
- 7. Do you repair vehicles with damage totaling more than 75% of the ACV of the vehicle?  Yes  No
- 8. Do you modify, rebuild or perform conversions on vehicles?  Yes  No  
If **yes**, please explain \_\_\_\_\_
- 9. If you perform hydraulic repairs, do you repair any of the components that operate the lifting apparatus (i.e.: Components that lift persons and/or property)  Yes  No If **yes**, explain \_\_\_\_\_
- 10. Do you own, repair, service, or sponsor a race car?  Yes  No
- 11. Do you repossess autos?  Yes  No
- 12. Do you tow? For Hire \_\_\_\_\_ % Rotation \_\_\_\_\_ % Repo \_\_\_\_\_ %
- 13. Do you have a storage lot on premises?  Yes  No
- 14. Do you dismantle autos or have salvage operations?  Yes  No

**If you are a Dealer, please answer the following questions:**

- 1. Do salespeople accompany customers on all demonstration rides?  Yes  No
  - 2. What radius do you drive or transport vehicles from your location?  
 Less than 300 miles       300 – 500 miles       501 – 1000 miles       Over 1,000 miles
  - 3. How do you transport vehicles to and from your lot?
- |                     |  |                                 |  |
|---------------------|--|---------------------------------|--|
| Own Tow Truck       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Car Hauler Contracted by Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tow Bars or Dollies | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tow Trucks Contracted by Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Own Car Haulers     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Temporary or Contract Drivers   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- 4. Do you finance autos you sell?  Yes  No
  - 5. Do you repossess autos you sell?  Yes  No
  - 6. Are titles transferred to purchaser at time of sale?  Yes  No  
If **No**, please explain \_\_\_\_\_
  - 7. How many vehicles are sold per year? \_\_\_\_\_
  - 8. Do you Advertise Autos on the Internet?  Yes  No  
If **yes**, please provide Internet Address (URL) \_\_\_\_\_

- 9. When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance?  Yes  No
  - 10. Do You Sell:
- |                       |  |  |  |
|-----------------------|--|--|--|
| Salvage Title Autos   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Consigned Autos (If yes, attach consignment agreement) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Autos on the Internet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Autos Wholesale  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Autos Retail          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Broker Autos   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

11. Where do you get the vehicles you sell? (i.e., auto auctions, trade-ins, etc.) \_\_\_\_\_



**Signatures**

I declare 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.

\_\_\_\_\_  
Applicant's Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature/Title

\_\_\_\_\_  
Date

**Agent**

Did your office control this risk in the past?  Yes  No

\_\_\_\_\_  
Agent's or Broker's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**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.**