



Western Heritage Insurance Company

GARAGE RENEWAL APPLICATION

- 1. Policy Number: Renewal Period: From: To:
2. Business Trade Name: Insured:
3. Has the Named Insured or Location changed?
4. New Mailing Address: City:
5. County: State: Zip Code: Phone:
6. New Location Address: City:
7. Internet Address:
8. Number of owners and employees: Changes to drivers' furnished autos:
9. Number of Dealer Plates: Describe any other type of plates:
10. Any changes in Liability or UM/UIM limits?
11. Any changes in Garagekeepers or Dealers Physical Damage limits?
12. If there are changes to the policy, please update the information by completing the following charts:

Table with 5 columns: Maximum Value of ALL Autos, Average Value per Auto, Maximum Value per Auto, Average No. of Autos, Maximum No. of Autos. Rows for Location #1 and Location #2.

List ALL owners, employees and drivers:

Table with 10 columns: Name, Date of Birth, Driver's License Number, State of DL, CDL? (Y/N, Class), Furnished Auto? (Yes or No), Works at Loc. #, Violations & Accidents Past 3 Years, Full or Part Time, Job Title/Duties.

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 | Date of Birth | Driver's License Number | State of DL | Will drive for <u>or</u> work in business? Yes or No | Furnished Auto? Yes or No | Violations and Accidents Past 3 Years | Relationship |
|------|---------------|-------------------------|-------------|--|---------------------------|---------------------------------------|--------------|
|      |               |                         |             |  |                           |                                       |              |
|      |               |                         |             |  |                           |                                       |              |
|      |               |                         |             |  |                           |                                       |              |

SPECIFICALLY DESCRIBED AUTOS

| Veh. No. | Year | Make | Body Type | VIN | ACV | GVWR |
|----------|------|------|-----------|-----|-----|------|
| 1        |      |      |           |     |     |      |
| 2        |      |      |           |     |     |      |
| 3        |      |      |           |     |     |      |

| Veh. No. | Radius | Personal, Service or Comm'l Use? | Filings Required |           | Coverages Desired? Y/N |            |       | Loss Payee |
|----------|--------|----------------------------------|------------------|-----------|------------------------|------------|-------|------------|
|          |        |                                  | Y/N              | State/Fed | Liab.                  | Phys. Dam. | Other |            |
| 1        |        |                                  |                  |           |                        |            |       |            |
| 2        |        |                                  |                  |           |                        |            |       |            |
| 3        |        |                                  |                  |           |                        |            |       |            |

13. Fire Legal Limit: \_\_\_\_\_

Remarks: \_\_\_\_\_

LOSS HISTORY

Provide updated information regarding losses: \_\_\_\_\_

**I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.**

**I have completed and signed a state form selecting or rejecting Uninsured/Underinsured Motorist Coverage.**

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_