



GARAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker #: _____ Retailer: _____
 Broker: _____ Location: _____
 Location: _____ Phone #: _____

Applicant Name _____

Mailing Address _____

Proposed Policy Period _____ to _____

Location #1 _____

Location #2 _____

Individual Partnership Joint Venture Corporation Other _____

Insured's Website Address _____

Inspection and Audit Contact / Phone Number _____

Years in business _____ Years of experience in this field _____

NATURE OF BUSINESS

DEALER: Franchised Non-Franchised

Please Indicate Percent: _____ Consigned Autos Held for Sale _____ Owned Autos Held for Sale
 _____ Auto Auctions _____ Wholesale Autos
 _____ Other (describe) _____

NON-DEALER: Repair Shop Gas Station Parking Facility Other _____

UNDERWRITING INFORMATION

| DO YOU: | YES | NO | YES | NO | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Engage in any other operations? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Repossess vehicles for others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sponsor sporting or social events? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Engage in fuel conversion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sponsor or own any race cars? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Engage in auto pawning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Work on aircraft or airport premises? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Allow customers in the work area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Structurally alter or convert vehicles from their original design? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Own or operate a car crusher or stack salvaged autos more than two high? | <input type="checkbox"/> | <input type="checkbox"/> |

EXPLAIN ALL "YES" RESPONSES: _____

| PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN | | |
|---|-------|--------|
| | Sales | Repair |
| Private Passenger Type Including Light & Medium Trucks - New | % | % |
| Private Passenger Type Including Light & Medium Trucks - Used | % | % |
| Antique/Classic Cars | % | % |
| Boats - Other Than Jet Skis | % | % |
| Jet Skis | % | % |
| Buses | % | % |
| Contractors Equipment <i>**include complete list of equipment**</i> | % | % |
| Farm Equipment | % | % |
| Emergency or Public Livery | % | % |
| Heavy Truck (over 26,000 GVW) <i>**supplement required**</i> | % | % |
| Kit Cars or Other Auto Manufacturing | % | % |
| Motorcycles, ATVs, Scooters, Snowmobiles <i>**supplement required**</i> | % | % |
| Mobile Homes | % | % |
| Recreational Vehicles and Campers <i>**supplement required**</i> | % | % |
| Semi Trailers | % | % |
| Trailers - Other than Semi Trailers | % | % |
| TOTAL | 100% | |

| NON-DEALERS OPERATIONS | | | |
|---|---|--|---|
| Alarm, Stereo or Navigational System | % | Gasoline Station - Self Service | % |
| Auto Dismantling | % | Impound Yards | |
| Auto Maintenance or Repair Incl Bedliner | % | Mobile Auto Repair | % |
| Auto Painting with UL approved spray booth | % | Oil/Lube Service | % |
| Auto Painting without UL approved spray booth | % | Parking Lots & Garages (self park) | % |
| Auto Parts (uninstalled) <i>Receipts:</i> | % | Tire Dealers - New | % |
| Body Shop | % | Tire Dealers - Used, Retreads or Split Rims | % |
| Butane, Propane or other Liquefied Gas Sales | % | Trailer Hitch Installation or Repair | % |
| Car Wash - Full Service | % | Upholstery | % |
| Convenience Store <i>Receipts:</i> | % | Valet Parking <i>**supplement required**</i> | % |
| Detailing | % | Van Conversion | % |
| Driveaway Contractor or Wrecker Service | % | Window Tinting | % |
| Frame or Unibody Straightening | % | Windshield Installation/Repair | % |
| Gasoline Station - Full Service | % | Other: | % |

| VEHICLE STORAGE & VALUES | |
|---|---|
| Owned Autos | Non-Owned Autos |
| How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot | How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot |
| Maximum value any one Auto? _____ Maximum number of Autos? _____ | Maximum value any one Auto? _____ Maximum number of Autos? _____ |
| <i>*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended. Non-Standard Lot: Any other type of protection or fencing. Unprotected Lots: All Other</i> | |

EMPLOYEE AND NON-EMPLOYEE INFORMATION

YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR
ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS

| Name and Driver's License # & State | Date of Birth | Violations & Accidents Prior Three Years | Status | Hours Worked | Auto Use |
|-------------------------------------|---------------|--|--------|--------------|----------|
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- STATUS:**
- 1. Active Owner, Partner or Officer
 - 7. Spouse of Owner, Partner or Officer
 - 2. Inactive Owner, Partner or Officer
 - 8. Children of Owner, Partner or Officer
 - 3. Salesperson
 - 9. Spouse of any other person furnished an auto
 - 4. Lot Person
 - 10. Children of any other person furnished an auto
 - 5. Mechanic
 - 11. Occasional or Contract Driver
 - 6. Clerical
 - 12. Other _____

HOURS WORKED:
 F = Full Time (Over 20 hours per week)
 P = Part Time (20 or less hours per week)
 N = Non-Employee

AUTO USE:
 A = Furnished a covered auto for personal use
 B = Uses a covered auto strictly for business use
 C = Does not drive a covered auto

THREE-YEAR PRIOR CARRIER AND LOSS HISTORY

| | | |
|-----------------------|---------------------|----------------------|
| Current Carrier _____ | Policy Period _____ | Policy Premium _____ |
| Prior Carrier _____ | Policy Period _____ | Policy Premium _____ |
| Prior Carrier _____ | Policy Period _____ | Policy Premium _____ |

If there is no prior insurance, check the box.

| Date of loss | Amount paid/reserve | Description of loss including driver |
|--------------|---------------------|--------------------------------------|
| | | |
| | | |
| | | |
| | | |

If there are no prior losses, check the box.

| COVERAGES & LIMITS | | | |
|--|--|---|------------------------------------|
| Garage Liability | Limit of Liability Auto _____ Each Accident Other Than Auto _____ Each Accident Other Than Auto _____ Aggregate Limit | | Deductible _____ BI _____ PD |
| <input type="checkbox"/> Dealers Open Lot <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision <input type="checkbox"/> False Pretense | Limit of Coverage _____ Limit Per Location _____ Limit Per Auto | Deductible _____ Other Than Collision _____ Collision | |
| <input type="checkbox"/> Garagekeepers <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision | Limit of Coverage _____ Limit Per Location _____ Limit Per Auto | Deductible _____ Other Than Collision _____ Collision | |
| | In-Tow Coverage <input type="checkbox"/> For-Hire <input type="checkbox"/> Not-For-Hire _____ Limit Per Tow Truck _____ # of Tow Trucks | | |
| Medical Payments | _____ Auto _____ Garage Operations | | |
| <input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$50,000 Fire Legal) <input type="checkbox"/> Fire Legal Liability Limit _____ <input type="checkbox"/> Personal Injury Liability | | | |
| <input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products | | | |
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation | Name _____ Address _____ Insurable Interest _____ | | |
| Uninsured Motorists Coverage Underinsured Motorists Coverage | _____ Each Accident _____ Each Accident | | Number of Dealer Tags: _____ |
| Personal Injury Protection | _____ Per Statute | | |
| Radius of Pickup & Delivery: <input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1000 Miles <input type="checkbox"/> +1000 Miles | | | |
| Dealer's Errors & Omissions: <input type="checkbox"/> Title E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Insurance Agents E&O | | | |
| <input type="checkbox"/> Scheduled Auto Liability or Physical Damage: Complete the Scheduled Auto Supplement | | | |

ADDITIONAL INFORMATION

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing 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. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

_____ Witness _____ Date _____ Applicant's Signature

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