

Garage Application

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

General Information

FEIN#: _____
 Applicant name: _____
 Doing business as (DBA): _____
 Mailing address: _____
 City: _____ State: _____ Zip Code: _____
 Website address: _____
 Contact name: _____ Contact phone number: _____
 Effective date: _____ Expiration date: _____
 Years in business: _____

If less than 3 years, please provide industry experience:

Lines of business

Property Garage/Auto Workers' Comp EPLI Umbrella Other

Legal status

Individual Partnership Corporation LLC Other

Description of operations

Franchise auto dealer Non-franchise auto dealer Non-dealer (describe below)

General Rating Information

Coverage	Symbols	Limits / Deductibles
Liability	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 32	Each accident limit \$ _____ Aggregate limit \$ _____ Deductible \$ _____
PIP	<input type="checkbox"/> 25 <input type="checkbox"/> 27	
Added PIP	<input type="checkbox"/> 25 <input type="checkbox"/> 27	
Medical	<input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 32	\$ _____
Uninsured	<input type="checkbox"/> 22 <input type="checkbox"/> 26 <input type="checkbox"/> 27	\$ _____
Underinsured	<input type="checkbox"/> 22 <input type="checkbox"/> 26 <input type="checkbox"/> 27	\$ _____
Garagekeepers	<input type="checkbox"/> 30 <input type="checkbox"/> 32	Per auto deductible \$ _____ Per occurrence deductible \$ _____
Physical damage	<input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 31 <input type="checkbox"/> 32	Per auto deductible \$ _____ Per occurrence deductible \$ _____
Towing & labor	<input type="checkbox"/> 23 <input type="checkbox"/> 27	

Misc. Coverage Information

Coverage	Desired Limits	Valuation / Deductible
<input type="checkbox"/> EPLI	\$ _____	Deductible \$ _____
<input type="checkbox"/> Umbrella	\$ _____	\$10,000 SIR mandatory
<input type="checkbox"/> Other: _____	_____	_____

Location Information

Location #1

Same as mailing address Other, see below

Address: _____

City: _____ State: _____ Zip code: _____

Employee count (complete employee list required)

Class of Employee	Total Employees
Class 1A – Owners/Employees Furnished an Auto for personal use & all employees who's principal duty it is to operate an auto	
Class 1B – Full time salespersons and managers not furnished for personal use	
Class 1B – Part time salespersons and managers not furnished for personal use	
Class 1C – All others full time	
Class 1C – All others part time	
Non-employee – under age 25	
Non-employee – all other	

Garagekeepers:

Garagekeepers limit per location: _____ Maximum limit per auto: _____

Specified perils Comprehensive Collision Direct primary Direct excess Legal liability

Are vehicles stored overnight? Yes No Lot protection: Building Fenced Unprotected

Comprehensive deductible:

\$100/\$500 \$250/\$1,000 \$500/\$2,500 \$1,000/\$5,000 \$2,500/\$12,500 \$5,000/\$25,000

Collision deductible:

\$100 \$250 \$500 \$1,000 \$2,500 \$5,000

Dealers open lot:

Dealers open lot limit per location: _____ Maximum limit per auto: _____

Specified perils Comprehensive Collision Standard open lot Non-standard open lot Building

Standard open lot: Open parking or storage lots enclosed on all sides by a metal cyclone 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 opening and with exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with opening securely locked when unattended.

Non-standard open lot: Any other type of protection or fencing or unprotected lot.

Comprehensive deductible:

\$100/\$500 \$250/\$1,000 \$500/\$2,500 \$1,000/\$5,000 \$2,500/\$12,500 \$5,000/\$25,000

Collision deductible:

\$100 \$250 \$500 \$1,000 \$2,500 \$5,000

False pretense: Yes No

Additional garage coverages:

Property

Location #: _____ Building #: _____

Square feet: _____ Year built: _____ Number of stories: _____

Building updates:

Plumbing: Yes No Year of update: _____ HVAC: Yes No Year of update: _____

Electrical: Yes No Year of update: _____ Roof: Yes No Year of update: _____

Is electrical panel manufactured by either Zinsco or Federal Pacific? Yes No

Construction: FRAME JM NC Masonry NC Modified fire resistive Fire resistive

Is the building sprinklered? Yes No

Does the building have a fire alarm? Yes No Local alarm Central station

Does the building have a burglar alarm? Yes No Local alarm Central station

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Co-insurance: 80% 90% 100%

Property / Inland Marine / Crime Coverages	Desired Limits	Valuation / Deductible
<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> other _____ Deductible \$ _____
<input type="checkbox"/> Personal property of the insured	\$ _____	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> other _____ Deductible \$ _____
<input type="checkbox"/> Business income	\$ _____	<input type="checkbox"/> Monthly limit: _____ <input type="checkbox"/> ALS
<input type="checkbox"/> Employee tools	\$ _____	Deductible \$ _____
<input type="checkbox"/> Employee dishonesty	\$ _____	Deductible \$ _____
<input type="checkbox"/> Forgery	\$ _____	Deductible \$ _____
<input type="checkbox"/> Money / securities (inside and outside)	\$ _____	Deductible \$ _____
<input type="checkbox"/> Other: _____	\$ _____	Deductible \$ _____

What is the building valuation based on?

What are desired BPP limits based on?

What are the annual sales?

Garage / Auto Coverage Information

Garage / Auto Coverage Options	Limits
<input checked="" type="checkbox"/> Non-owned	<i>Included automatically for Auto Service Plus program</i>
<input type="checkbox"/> Hired	Estimated cost of hire \$ _____
<input type="checkbox"/> BFDOC (CA9910)	Need all individuals names
<input type="checkbox"/> Rental reimbursement (CA9923)	\$30 per day for 30 days
<input checked="" type="checkbox"/> Broadened garage coverages (CA2514)	<i>Included automatically for Auto Service Plus Program</i>
<input type="checkbox"/> Dealers plates	Number of plates _____
<input type="checkbox"/> On hook coverage	Limit \$ _____ Deductible \$ _____
<input type="checkbox"/> Personal injury protection (no fault states only)	Limit \$ _____
<input type="checkbox"/> Dealers E&O	Limit \$ _____
<input type="checkbox"/> Auto dealers legal defense & product related damages	Limit \$ _____
<input type="checkbox"/> Other: _____	_____

Vehicle schedule if you have scheduled vehicles – for additional vehicles complete vehicle supplemental

Year	Make	Model	Cost new	VIN	Zip	Radius	Use	COMP DED	COLL DED

Drivers list – for additional drivers complete driver list supplemental

Last name	First name	State	License number	Violations & accidents – 3 years		Date of birth	Job title	Personal use?	Drive other car?	
				Accidents	Minor violations					
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have any driver been convicted of a major violation in the last 3 years? Yes No

If yes, list drivers: _____

Survey of Hazards

General Underwriting Questions

1. Does applicant have an established store front? Yes No
2. Does applicant share a premises with any other occupants? Yes No
3. Any guard dogs on premises? Yes No
4. Is applicant a subsidiary of another entity or have any subsidiaries? Yes No
If yes, explain: _____
5. Does applicant subcontract any work? Yes No
If yes, explain: _____
6. Has coverage been declined, canceled or non-renewed in last 3 years? Yes No
If yes, explain: _____
7. Does applicant have any other business ventures not included in this submission? Yes No
If yes, explain: _____
8. Has applicant had a foreclosure, repossession or bankruptcy in the last 5 years? Yes No
9. Has applicant had a judgment in the last 5 years? Yes No
10. Are there currently serviced, charged and operable fire extinguishers on premises? Yes No
11. Does applicant store all flammable liquids in a UL-listed fire cabinet? Yes No
12. Does applicant use UL-listed metal containers with self closing lids? Yes No
13. Does applicant have no-smoking signs posted? Yes No
14. General housekeeping practices Moderate Formal Informal
15. Employee safety training practices Moderate Formal Informal
16. Describe type of mechanic certification (ie: ASE certified): _____
17. Describe key control procedures: _____
18. Does applicant have underground gasoline storage tanks? Yes No
If yes, please describe: Age of tanks: _____ Tank construction: _____
Describe leak monitoring method: _____

Prior Carrier / Loss History (minimum 3 years)

Prior carrier	Policy term	Date of loss	Description of loss	Amount paid	Amount reserved	Policy premium

Types of Vehicles:

Sales: %	Repair: %	Type of Vehicles
_____ %	_____ %	Private passenger autos, pickups, vans, SUVs
_____ %	_____ %	RVs, motorhomes, campers (incl. supplement)
_____ %	_____ %	Heavy truck / semi-trailers (incl. supplement)
_____ %	_____ %	Boats (describe): _____
_____ %	_____ %	Power sports (jet skis, ATVs, UTVs)
_____ %	_____ %	Motorcycles (include supplement)
_____ %	_____ %	Golf carts
_____ %	_____ %	Antique or classic cars
_____ %	_____ %	Bucket trucks, man lifts
_____ %	_____ %	Contractors equipment (describe): _____
_____ %	_____ %	Agricultural equipment – any farm implements? <input type="checkbox"/> Yes <input type="checkbox"/> No

Types of Vehicles continued:

Sales:	%	Repair:	%	Type of Vehicles
_____	____%	_____	____%	Emergency vehicles (describe): _____
_____	____%	_____	____%	Buses (list all types): _____
_____	____%	_____	____%	Trailers (other than semi)
_____	____%	_____	____%	Other (describe): _____
_____	____%	_____	____%	Total percentage all operations combined should equal 100%

Dealer operations: Percentage of new autos vs. used autos: New: _____ **Used:** _____

- If non-franchise, is applicant part of the National Independent Auto Dealers Association or a Certified Master Dealer? Yes No
- Does applicant sell autos on consignment? Yes No
- Does applicant operate as an auto auction? Yes No
- Are all test drives accompanied by an employee? Yes No
- Any overnight test drives allowed? Yes No
- Number of vehicles sold per month: _____
- Maximum radius of pick up & delivery: _____
- Does applicant rent or lease vehicles? Yes No
- Does applicant offer loaner vehicles? Yes No If yes: Is there a loaner contract in place? Yes No
- Does applicant obtain proof of insurance? Yes No Does applicant verify valid driver's license? Yes No

Non-dealer Operations – complete approximate percentage for all operations

Airbag installation, service or repair: _____ %	Parking lots & garages (self park) _____ %
Alarm, stereo or navigational system: _____ %	Parts sales (uninstalled): _____ %
Auto dismantling / salvage yard: _____ %	Gross receipts: \$ _____
Body shop: (answer questions below) _____ %	Parts Manufacturing / rebuilding: _____ %
Brake repair: _____ %	Gross receipts: \$ _____
Car wash – full service: _____ %	Describe parts: _____
Convenience store: _____ %	Performing enhancements: _____ %
Gross receipts: \$ _____	Any turbo or nitrous installation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailing: _____ %	Propane sales: _____ %
Drive-away contractor services: _____ %	Is tank barricaded on all sides? <input type="checkbox"/> Yes <input type="checkbox"/> No
Frame straightening: _____ %	Trained technician dispensing fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any frame cutting or welding? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tire dealer – (complete supplement) _____ %
Fuel tank repair: _____ %	Towing – (complete supplement) _____ %
Gasoline station – full service: _____ %	Trailer hitch installation: _____ %
Gallons of gas sold annually: \$ _____	Transmission: _____ %
Ignition interlock systems: _____ %	Upholstery: _____ %
Impound yards: _____ %	Valet parking (complete supplement): _____ %
Lift / lowering kits: _____ %	Vehicle conversions – structural: _____ %
Machine shop – rebuilding: _____ %	Welding: _____ %
Mobile auto repair: _____ %	Window Tinting: _____ %
Oil / lube services: _____ %	Windshield installation / repair: _____ %
Other (describe): _____ %	

Paint and body shop operations:

- 1. Is spray booth NFPA compliant? Yes No
- 2. Is booth protected by an automatic sprinkler or dry chemical fire suppression system? Yes No
- 3. Is paint mixing area enclosed in a non-combustible enclosure with self-closing metal door? Yes No
- 4. Is paint mixing area protected by an automatic sprinkler or dry chemical fire suppression system? Yes No
- 5. Does mixing area have explosion proof electrical systems? Yes No
- 6. NFPA compliant powered ventilation in booth and mixing room? Yes No
- 7. Are all filters regularly cleaned and changed? Yes No
- 8. Maximum gallons of flammable solvent based liquid maintained at any one time: _____

Please provide the following information to complete:

Producer's name: _____ Producer's signature: _____

Applicant's name: _____ Applicant's signature: _____

Date: _____