



GARAGE APPLICATION

General Information

- Effective Date: _____ FEIN # : _____ Phone No. _____
1. Your Name _____ (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. What is your business operation? _____
 7. Name all businesses you have ownership in: _____
 8. Name all businesses owned by you operating at this location: _____
 9. How long have you been in business? _____ How many years of related experience? _____
 10. Type of Legal entity: Individual Partnership Joint Venture Limited Liability Corp.
 Trust Other Organization, including a Corporation (Please Describe) _____

Previous Carrier and Loss Information

1. Has similar insurance ever been cancelled, declined or refused for renewal? **(Not applicable in Missouri)** Yes No
 a. If **yes**, explain: _____
2. 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******

List All Owners and All Employees (Include any non-employee, silent owners or family members furnished an auto. If additional employees, please attach separate list).

| | Last Name | First Name | Middle Initial | Date of Birth | License No. |
|---|-----------|------------|----------------|---------------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

| | License State | Drives Scheduled Vehicle # | Furnished a Car? | Job Duties* | Full Time | Part Time** |
|---|---------------|----------------------------|------------------|-------------|-----------|-------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

* **Job duties** such as: mechanic, clerical, detail, sales or lot person (If not employed, show "None")

****Part time** is 20 hours or less per week.



The following questions apply to ALL applicants:

1. Do you loan any vehicles? Yes No If **yes**, explain _____
2. Do you perform any machining, re-machining, re-boring operations? Yes No If **yes**, please explain _____
What is the % of work done__%
3. Do you rebuild any of the following: brakes (other than changing pads or rotors), steering systems, or restraint systems? Yes No
4. Do you perform any frame straightening? Yes No If yes, do you use a machine? Yes No
5. Do you cut or weld frames? Yes No
6. Are you an auto rebuilder? Yes No
7. Do you own, repair, service, or sponsor a race car? Yes No

Security and Protection

1. Do you store vehicles overnight? Yes No If yes, describe lot protection for each location:
Fenced lot Inside storage Post/Chain Other _____
2. Do you park customer's vehicles on the street? Yes No
3. Do you perform spray painting? Yes No
If yes, is your booth equipped with explosion proof lights, outside ventilation & bay separation? Yes No
4. Are signs posted to keep customers from the work area? Yes No
5. Do you leave keys in vehicles? Yes No
6. Are keys kept in a secure place with no access by unauthorized persons: 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 many vehicles are sold per year? _____
4. Do you sell autos on consignment? Yes No If yes, attach a copy of your consignment agreement.



Vehicles Repaired Or Sold

| | Repair | Sales |
|--|--------|-------|
| <input type="checkbox"/> Private passenger cars, pick-up trucks, vans, Sport Utilities | % | % |
| <input type="checkbox"/> Salvage Title Autos | % | % |
| <input type="checkbox"/> Motorcycles, **complete BG-GA-477 | % | % |
| <input type="checkbox"/> Recreational vehicles **complete BG-GA-498 | % | % |
| <input type="checkbox"/> Farm Equipment **complete BG-GA-462 | % | % |
| <input type="checkbox"/> Contractors Equipment **complete BG-GA-462 | % | % |
| <input type="checkbox"/> Emergency Vehicles | % | % |
| <input type="checkbox"/> Handicap Vehicles | % | % |
| <input type="checkbox"/> All Terrain Vehicles (ATV) **complete BG-GA-477 | % | % |
| <input type="checkbox"/> Buses | % | % |
| <input type="checkbox"/> Jet Skis **Complete BG-GA-477 | % | % |
| <input type="checkbox"/> Logging Trucks, Logging Equipment | % | % |

| | Repair | Sales |
|---|-------------|-------------|
| <input type="checkbox"/> Medium Trucks | % | % |
| <input type="checkbox"/> Heavy Trucks **complete BG-GA-462 | % | % |
| <input type="checkbox"/> Semi Trailers **complete BG-GA-462 | % | % |
| <input type="checkbox"/> Boats | % | % |
| <input type="checkbox"/> Forklifts | % | % |
| <input type="checkbox"/> Golf Carts | % | % |
| <input type="checkbox"/> Utility trailers | % | % |
| <input type="checkbox"/> Horse Trailers | % | % |
| <input type="checkbox"/> Boom Trucks, Bucket Trucks, Cherry Pickers | % | % |
| <input type="checkbox"/> Cranes | % | % |
| <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"/> Airbags (Including Deactivating) | % |
| <input type="checkbox"/> Auto Dismantling or Salvage Operations **complete BG-GA-505 | % |
| <input type="checkbox"/> Body Work/ Painting | % |
| <input type="checkbox"/> Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self serve | % |
| <input type="checkbox"/> Lift Kit Installation | % |
| <input type="checkbox"/> Oil & Lube | % |
| <input type="checkbox"/> Tires **complete BG-GA-478 | % |
| <input type="checkbox"/> Towing <input type="checkbox"/> For hire/rotation <input type="checkbox"/> Repo for hire | % |
| <input type="checkbox"/> Valet Parking **complete BG-GA-390 | % |
| <input type="checkbox"/> Windshield Installation/Repair | % |

| | |
|---|-------------|
| <input type="checkbox"/> Auto Alarms/Stereo | % |
| <input type="checkbox"/> Boat Hull | % |
| <input type="checkbox"/> Breathalyzers /Interlock Devices | % |
| <input type="checkbox"/> Detailing/Washing | % |
| <input type="checkbox"/> LPG Dealer | % |
| <input type="checkbox"/> Suspension (not lift kits) | % |
| <input type="checkbox"/> Tire recapping, retreading, recoring | % |
| <input type="checkbox"/> Trailer hitch installation/repair | % |
| <input type="checkbox"/> Other: Description: | % |
| Total | 100% |

Related Non Garage Operations

| | | |
|-------------------------------------|----------|----------------|
| Gasoline Sales | # _____ | gallons sold |
| Parts sold but not installed by you | \$ _____ | gross sales |
| Clothing or Accessories | \$ _____ | gross sales |
| Auto Dismantling/Salvage Operations | \$ _____ | actual payroll |

| | | |
|--------------------------------------|----------|----------------|
| Convenience store | \$ _____ | gross sales |
| Tires, sold but not installed by you | \$ _____ | gross sales |
| Self Serve Car Wash | \$ _____ | gross receipts |



Coverage's Requested

Garage Liability limits

\$_____ per accident auto/garage operations \$_____ aggregate

Garagekeepers If Autos In Tow coverage is desired, Garagekeepers may only be written on a Legal Liability basis.

Location 1 \$_____ location limit Deductible \$_____

Location 2 \$_____ location limit Maximum limit per auto \$_____

Legal Liability Specified Causes of Loss w/ Collision Legal Liability Comprehensive w/Collision

Direct Primary Specified Causes of Loss w/Collision

Autos In Tow (if more than 2 vehicles please attach separate page)

Unit 1 make/model _____ VIN _____ In Tow Limit \$_____

Unit 2 make/model _____ VIN _____ In Tow Limit \$_____

Dealers Physical Damage

Location 1 \$_____ location limit Deductible \$_____

Location 2 \$_____ location limit Maximum limit per auto \$_____

Fire, Theft, & Collision Specified Causes of Loss w/ Collision Comprehensive w/ Collision

Interest to be covered:

Your interest in covered autos you own

Your interest and the interest of any creditor named as loss payee

Your interest and the interest of any consignee

Loss Payee: Name & address: _____

Scheduled Autos for Dealer Coverage (if more than 2 vehicles please attach separate page)

Unit 1 make/model _____ VIN _____ Stated Value\$_____ Med Pay _____

Unit 2 make/model _____ VIN _____ Stated Value\$_____ Med Pay _____

Medical Payments Limit\$_____ Premises only Auto only Both premises & auto

Uninsured/Underinsured Motorist:

Limit \$_____ # of dealer plates _____ # of transporter plates _____ # of other plates _____

Personal Injury Protection yes no

Personal Injury Liability yes no

Fire legal Liability only or **Broadened Coverage** Limit \$_____

Additional Insured:

Name/Address: _____

Interest: Landlord Lessor of Leased Equipment Franchisee Customer (attach copy of written contract)

Name/Address: _____

Interest: Landlord Lessor of Leased Equipment Franchisee Customer (attach copy of written contract)



SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS:

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

COLORADO:

"IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

DISTRICT OF COLUMBIA:

"WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA:

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

KENTUCKY:

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES 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."

LOUISIANA:

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

MAINE:

"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NEW JERSEY:

"ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NEW MEXICO:

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

OHIO:

"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."

OKLAHOMA:

"WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE,



INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

OREGON:

"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 MAY BE GUILTY OF INSURANCE FRAUD."

PENNSYLVANIA:

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RHODE ISLAND: SEE ALSO "OTHER STATES" NOTICE THAT APPLIES.

"THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."

TENNESSEE, VIRGINIA, WASHINGTON:

"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

OTHER STATES including but not limited to:

MARYLAND, RHODE ISLAND, WEST VIRGINIA:

WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW YORK:

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

| | |
|---|-----------------------------|
| Applicant Name (Name of Company) | Producer's Name |
| Signature of Authorized Representative | Producer's Signature |
| Print Name | Producer's Phone |
| Title | Producer's Fax |
| Date | Producer's Email |