

**Applicant Information**

What policy effective date are you requesting? \_\_\_\_\_

What is your business trade name? \_\_\_\_\_

 What is your Mailing Address (city, state, zip)?  
 \_\_\_\_\_

Whom should we contact (name &amp; phone number)? \_\_\_\_\_

 How many years have you been in operation using the same trade name? \_\_\_\_\_  
 (If less than 3 years, detail your prior experience and specialized training)

 What is your business structure?  Individual  Partnership  Corporation  LLC

What is your Website address? \_\_\_\_\_

**General Information**

What do you do? \_\_\_\_\_

What are your estimated annual sales/receipts? \$ \_\_\_\_\_

 What types of motor vehicles do you service, repair or sell?  private passenger  motorhome   
 motorcycle  utility trailer  commercial truck  commercial trailer  other (describe) \_\_\_\_\_

 What parts and accessories do you sell over the counter?  used parts  exterior/interior trim  apparel

What are your estimated annual over the counter sales \$ \_\_\_\_\_

 What type of establishments do you provide valet parking for?  restaurant  bar  club  resort   
 other (describe) \_\_\_\_\_ What are your security practices?  3 part ticket  key cabinet  
 protected lot

What locations do you garage business at?

	Address	City	State	Zip
(1)				
(2)				
(3)				
(4)				

Who works in your business or is furnished an auto you own?

Name	Birth date	License #	CDL	State	Position	Furnished	Part-time
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the name of the insurance company that has provided coverage for you the last 3 years?

1. This Year \_\_\_\_\_
2. Last Year \_\_\_\_\_
3. Before that \_\_\_\_\_

What insurance claims did you file during the same 3 year period?

See Table Below  No known Losses  Loss History attached

Date of Claim	What caused the loss?	Amount Paid
		\$
		\$
		\$

### Service or Repair Questions

What percentage of your work is?

Service/Repair in your shop \_\_\_\_\_% Service/Repair at customer's location \_\_\_\_\_%

Body/Paint \_\_\_\_\_% (Paint Booth Yes No) Brakes, Transmission or Suspension \_\_\_\_\_%

Electrical \_\_\_\_\_% Mechanical \_\_\_\_\_% Muffler/Radiator \_\_\_\_\_% Oil Change \_\_\_\_\_%

Roadside Assistance \_\_\_\_\_% Safety Inspection \_\_\_\_\_% Tires/Wheels \_\_\_\_\_% (complete Tire supplement)

Tune Up \_\_\_\_\_% Wash/Detail \_\_\_\_\_% Other (describe) \_\_\_\_\_%

Where do you store customer's vehicles?  In Building  In Fenced Area  In Open Lot

Where do you store keys to customer's vehicles?  In key cabinet  In/On the Vehicle

Other \_\_\_\_\_

Do you tow for hire?  Yes  No

How many Repairer/Transporter Plates do you have? \_\_\_\_\_

### Dealer Sales Questions

How many vehicles do you sell annually? # \_\_\_\_\_ What is the number of vehicles held for sale?

Average # \_\_\_\_\_ Maximum # \_\_\_\_\_ How many are sold on internet auction sites? # \_\_\_\_\_

How many sold on consignment? # \_\_\_\_\_

Do you always ride with prospective buyers on test drives?  Yes  No

Do you sell "salvage titled" vehicles?  Yes  No If yes, how much structural repair done? \_\_\_\_\_%

Where do you store owned/consigned vehicles?  In Building  In Fenced Lot  In Open Lot

Where do you store keys to owned/consigned vehicles?  In key cabinet  In/On the Vehicle

Other (describe) \_\_\_\_\_

Do you repossess vehicles financed by your dealership?  Yes  No

How many Dealer Plates do you have? \_\_\_\_\_

### Coverage Requested

Garage Liability Limit \$\_\_\_\_\_ each accident, \$\_\_\_\_\_ aggregate with Deductible \$\_\_\_\_\_ (includes Broadened Coverage for Garages)

Additional Insured  Landlord  Designated  Other (describe) \_\_\_\_\_

(provide name and address here) \_\_\_\_\_

Dealers Errors & Omissions \$50,000

Garagekeepers  Legal Liability or  Primary with Limit per Location

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Coverage and Deductible

Specified Causes of Loss & Collision with Deductible \$\_\_\_\_\_ per unit

Comprehensive & Collision with Deductible \$\_\_\_\_\_ per unit

Dealers Physical Damage with Limit per Location

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Coverage and Deductible

Specified Causes of Loss & Collision with Deductible \$\_\_\_\_\_ per unit

Comprehensive & Collision with Deductible \$\_\_\_\_\_ per unit

False Pretense \$25,000

Increase Drive-Away Collision from 50 road miles to \_\_\_\_\_ road miles

Interests Covered  Yours  Yours & Creditors  Consigned

Loss Payee \_\_\_\_\_

**Scheduled Vehicles**

Year	Make/Model	V.I.N.	Stated Amount
			\$
			\$
			\$
			\$

Weight	Use	Radius	Loss Payee

**Coverage Requested** (continued)

Medical Payments  Premises or  Premises & Auto with Limit \$\_\_\_\_\_

For Dealers and Scheduled Vehicles (use State specific ACORD 138; signed copy required to Bind)

Uninsured Motorist Limit \$\_\_\_\_\_

Underinsured Motorist Limit \$\_\_\_\_\_

Personal Injury Protection \$\_\_\_\_\_

**PRIVACY NOTICE**

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

**MISREPRESENTATION, CONCEALMENT AND FRAUD**

\*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 MATERIAL FACT THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, AND MAY BE SUBJECT TO A CIVIL PENALTY OR FINE. \*NOT APPLICABLE IN ALL STATES.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

