

# Garage Application

Email completed application to [submit@midman.com](mailto:submit@midman.com).

Requested Effective Date: \_\_\_\_\_

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

APPLICANT INFORMATION							
Applicant Name:				DBA:			
Applicant is:	Individual	Joint Venture	Partnership	LLC	Other		
If Other, explain organizational structure:							
Address:							
City:				State:		Zip Code:	
Phone:		Ext:		Website:			
Contact Name:							
Number of years in business:							
Number of years of experience in this field:							
Description of Operations:							
Location #1:							
Location #2:							
Location #3:							

EMPLOYEE AND NON-EMPLOYEE INFORMATION							
Location #	Name	Driver's License Number & State	Date of Birth	Violations or Accidents within the past 3 years	Job Description or Relationship to Insured (see below)	Full Time or Part Time (see below)	Furnished an Auto for personal use?
							Yes No
							Yes No
							Yes No
							Yes No
							Yes No
							Yes No
							Yes No
Have all owners, employees, non-employees, household members, independent contractors who work for the business and drivers who may operate your vehicles or vehicles in your care, on a regular or infrequent basis been disclosed above?							Yes No
For above, Job description or relationship to insured: Owners, Partners, Officers, Salespersons, Managers. Inactive Owners, Inactive Partners, Inactive Officers, Clerical staff, Lot personnel, Mechanics, Non-Employee - Spouse, Domestic Partner, Children.							

EMPLOYEE AND NON-EMPLOYEE INFORMATION CONTINUED					
Independent Contractors. Contract Driver - provide name(s), or Blanket Contract Drivers.					
PART TIME: Employees working less than 20 hours per week shall be considered Part Time.					
Indicate percentage of the following type of autos sold/repaired					
	Sales	Repair		Sales	Repair
Boats – other than jet skis*			Mobile home (non-motorized)		
Busses*			Motorcycles*		
Bucket trucks/cranes/scissor lift*			ATVs, UTVs, scooters, snowmobiles*		
Contractors equipment*			Private passenger, light & medium trucks		
Emergency vehicles*			Race cars/street rods		
Farm equipment*			Recreational vehicles, motor coaches		
Public livery/Transportation			Semi-trailers*		
Golf carts			Trailers – other than semi-trailers		
Heavy truck (over 26,000 GVW)*			Other (describe below):		
Jet skis*					
Kit car or other auto manufacturing					
<i>*Supplemental Application Required</i>					

UNDERWRITING INFORMATION		
Do you:		
Engage in any other operations?	Yes	No
Engage in fuel conversion?	Yes	No
Engage in performance enhancements?	Yes	No
Loan, lease or rent autos to other?	Yes	No
Engage in auto pawning or have salvage operations?	Yes	No
Dismantle autos or have salvage operations?	Yes	No
Own or operate a car crusher?	Yes	No
Stack salvage autos more than 3 high?	Yes	No
Work at airport, seaport, or railroad premises?	Yes	No
Engage in Breathalyzer/ignition interlock?	Yes	No
Manufacture/fabricate any auto parts?	Yes	No
Structurally alter or convert vehicles from their original factory design?	Yes	No
Explain all yes responses below:		

UNDERWRITING INFORMATION CONTINUED			
Do you:			
Secure all keys in a lock box or a secure cabinet away from vehicle?	Yes	No	
Obtain certificates of insurance from all sub-contractors?	Yes	No	N/A
Accompany customers in the service/repair area?	Yes	No	N/A
Store all paints and solvents in a fire resistive cabinet outside the paint booth?	Yes	No	N/A
Confine all spray painting operations to an UL approved booth?	Yes	No	N/A
If no, is there explosion proof lighting and adequate ventilation?	Yes	No	

PRIOR INSURANCE COMPANY AND LOSS HISTORY					
Current Carrier		Policy Period		Policy Premium	
Prior Carrier		Policy Period		Policy Premium	
Prior Carrier		Policy Period		Policy Premium	
Prior Carrier		Policy Period		Policy Premium	
Prior Carrier		Policy Period		Policy Premium	
Date of Loss	Amount paid/reserve	Description of Loss	Driver Involved		
If there is No Prior Insurance, check the box.					
If there are No Prior Losses, check the box.					
Any policy or coverage Declined, Cancelled or Non-Renewed during the prior 3 years? If yes, explain:				Yes	No

Dealers proceed to below, Non-Dealers skip Dealer Operations section.

DEALER OPERATIONS					
Non-Franchised Dealership	Retail	Wholesale/Brokers/Internet			
New Auto/Franchised Dealership	Auction	Consigned <i>(provide copy of agreement)</i>			
Number of Dealer Plates:		Plate Numbers:			
Do you lease, rent, loan or sell plates to others?				Yes	No
If yes, explain:					
How are plates being used?					
Where do you store plates when not in use?					
Do you:					
Obtain driver license and proof of insurance before all test drives?				Yes	No
Accompany all test drivers?				Yes	No
Allow extended or overnight test drives?				Yes	No

DEALER OPERATIONS CONTINUED			
Do you:			
Offer in house financing or buy here/pay here?			Yes No
If yes, are titles transferred to customer at the beginning or the finance period and your business named as a lienholder?			Yes No
Buy or sell autos in the following states? Check all that apply.			
State	Buy	Sell	Number of times per year
Kansas			
Kentucky			
Maryland			
Michigan			
Minnesota			
New Jersey			
New York			
North Dakota			
South Carolina			

DEALERS COVERAGES AND LIMITS				
Radius of pickup & delivery	0-300 Miles	301-500 Miles	501-1,000 Miles	Unlimited
<i>Auto Dealers Liability</i>	Symbol 22 & 29		Symbol 21	Deductible
Coverage Auto Liability	Each Accident			
General Liability BI & PD	Each Accident			
Damage to Premises Rented	Any One Premises			
Personal & Advertising Injury	Any One Person or Organization			
General Liability	Aggregate Limit			
Products & Work Performed	Aggregate Limit			
Loc & Operations Medical Payments	Any One Person			
Auto Medical Payments	Hired Auto	Broad Form Products	Assault & Battery Buyback	
Personal Injury Protection			Limit per Statue	
Uninsured Motorist Coverage			Each Accident	
Underinsured Motorist Coverage			Each Accident	
Uninsured Motorist Property Damage			Each Accident	
<i>Dealers Physical Damage Symbol 31</i>	Comprehensive	Specified Causes	Collision	
Owned Auto Coverage:				
	Limit Location 1			
	Limit Location 2			
	Limit Location 3			
	Maximum Limit Per Auto			
	Deductible Per Auto			

DEALERS COVERAGES AND LIMITS CONTINUED			
Vehicle Storage:			
Building	Standard Lot*	Non-Standard Lot*	Unprotected Lot*
Theft buyback for unprotected lot (Subject to guidelines)			False Pretense
Types of Autos:	New Autos	Used Autos, Demonstrators, Service Vehicles	
Interests Covered (check all that apply):			
Your interest in covered autos you own		Your interest only in financed autos	
Your interest & interest of any creditor/loss payee		Consigned auto	
Creditor/Loss payee			
Name:			
Address:			
*Standard Lot:	During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks.		
*Non-Standard Lot:	Any other type of protection		
*Unprotected Lot:	No theft barrier		
Dealers Acts, Error & Omissions:			
Title E&O	Federal Odometer E&O	Truth in Lending E&O	Insurance Agents E&O

NON-DEALERS/SERVICE OPERATIONS			
Alarm, stereo or navigational system	%	Handicap vehicle modification	%
Auto detailing (other than car wash – full service)	%	Impound yards	%
Auto dismantling/salvage yard	%	Lift kit/lower kit installation, service or repair	%
Payroll:		Mobile auto repair/roadside assistance	%
Auto part sales – new parts only (uninstalled)	%	Mobile tire sales, installation, service or repair	%
Receipts:		Oil/lube service	%
Auto part sales – used parts only (uninstalled)	%	Parking lots and garage – self park only*	%
Receipts:		Rim repair	%
Body and paint shop	%	Storage lots	%
Butane, propane or other liquefied gas sales	%	Tire sales, installation, service or repair	%
Car wash – full service	%	Trailer hitch installation or repair	%
Convenience store	%	Upholstery	%
Receipts:		Valet parking*	%
Driveway contractor	%	Van Conversion	%
Frame or unibody straightening	%	Welding: Structural	Non-Structural %
Repair	Modification	Window tinting %	
Gasoline station : Full-service only	%	Windshield installation/repair %	
Gasoline station : Self-service only	%	Wrecker service: For-hire %	
Convenience store receipts:		Wrecker service: Not-for-hire %	
		Other: %	
*Supplemental Application Required			

NON-DEALERS COVERAGE AND LIMITS				
Radius of pickup & delivery	0-25 Miles	26-100 Miles	101-200 Miles	Over 200 Miles
Non-dealer liability Symbol 29 Deductible				
Auto only		Each Accident		
Other than Auto		Each Accident		
Other than Auto		Aggregate limit		
Personal Injury Liability				
Broadened coverage (includes personal injury & \$100,000 damage to rented premises)				
Damage to rented premises			Any one premises	
Loc & operations medical payments			Any one person	
Auto medical payment			Any one person	
Hired Auto	Broad form products	Assault & Battery Buyback	Liquor Liability Buyback	
Registration/repairer/transporter plates		# of Plates:		
Plate Numbers:				
Personal Inquiry Protection			Limit Per Statue	
Uninsured Motorists Coverage			Each Acc.	
Underinsured Motorists Coverage			Each Acc.	
Uninsured Motorists Property Damage			Each Acc.	
Garage Keepers Symbol 30		Limit Location 1		Max. limit per auto
Specified Causes		Limit Location 2		
Comprehensive		Limit Location 3		Deductible per auto
Collision		Vehicle Storage:		
Legal Liability		Building	Standard Lot*	Non-standard lot* Unprotected lot*
Direct Excess		*Standard Lot: During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks.		
Direct Primary		*Non-Standard Lot: Any other type of protection. *Unprotected Lot: No theft barrier.		

ADDITIONAL INSURED				
Lessor of Leased Equipment (CA 2047)				
Grantor of Franchise (CA 2049)				
Owner of Garage Premises (CA 2059)				
Designated Person or Organization (CAG 1712 / CAG 1912)				
Scheduled Person or Organization Primary and Non-Contributory (CAG 1752 / CAG 1952)				
Wavier of Subrogation (CA 0444)				
Additional insured/wavier of subrogation information				
Name:				
Address:				
Relationship to Insured:				
Applies to location:	#1	#2	#3	

AUTO TRANSPORT/TOWING												
How do to transport autos?												
Driven by:		Employee		Temporary/Contract Driver								
Towed by:		Employee		Temporary/Contract Driver		Third part tow truck or car hauler						
Certificate of Insurance on file?								Yes		No		
Do you:												
Repossess vehicles for others?								Yes		No		
Require a Federal Filing?								Yes		No		
Tow, haul or carry more than 2 autos at once?								Yes		No		
Tow For-hire?								Yes		No		
If yes, is in-tow coverage required?								Yes		No		
Number of Tow Trucks:												
SCHEDULED AUTO LIABILITY OR PHYSICAL DAMAGE COVERAGE (Symbol 27) Available in AL, CA, MS, MO, NM, OH, SD, TN, TX, VA, WA, WY. Towing exposure: The vehicle, trailer, tow bar, or tow dolly must be specifically scheduled on the policy.												
Coverage: (check all that apply)												
Liability				Specified Causes								
Uninsured/Underinsured				Comprehensive								
Personal injury protection				Collision								
Year:						Year:						
Make & Model:						Make & Model:						
VIN:				GVW:				VIN:				
Radius of Operation:		Miles		Radius of Operation:		Miles						
Stated Value:				Stated Value:								
Is vehicle titled to the named insured?			Yes		No		Is vehicle titled to the named insured?			Yes		No
Lessor – Additional Insured & Loss Payee												
Name:						Name:						
Address:						Address:						
Check all that apply:												
Service use		Towing not for hire		Service use		Towing not for hire						
Personal use		Towing for hire		Personal use		Towing for hire						
Rental/loaner		Trailer, tow dolly or car hauler		Rental/loaner		Trailer, tow dolly or car hauler						
Additional Information:												

## DISCLOSURE

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.

Applicable in NY: Any person who knowingly and with the 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.

Signature of Applicant:		Dated:	
Printed name of Applicant:			
Company:		Title:	
Signature of Agent/Broker:		Dated:	

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