

GARAGE APPLICATION

APPLICANT INFORMATION

Policy Period Requested: From ____/____/____ To ____/____/____

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone (____) _____

Years this business entity has been **in operation**? _____

If less than 3 years, explain in detail prior experience and any Specialized Training or Certification:

Business Entity: Individual Partnership Corporation LLC

What is your Website address? http://www. _____

GENERAL UNDERWRITING INFORMATION

1. Describe Your Operations

Dealer Car Dealer Coml. Trailer Dlr. Motorcycle Dealer RV Dealer Auction
 Truck Dealer Wholesaler or Broker Dealer With Salvage Yard
 Describe Other _____

Service Car Service & Repair Misc. Svs & Repair Repossessors Salvage Yard
 Tire Sales/Service Tow Truck Operator Truck Svs & Repair Valet & Parking
 Describe Other _____

Retail Sales Uninstalled Parts Accessories Clothing
 Gross Receipts \$ _____ Gross Receipts \$ _____ Gross Receipts \$ _____

2. What percentage by type of vehicle do you sell or service? (*complete additional Questionnaire)

| | |
|--|---|
| a. Cars, sport utility, pickups, vans _____% | e. Motorcycle & Off-road RV* _____% |
| b. Commercial trucks & trailers* _____% | f. Construction & Farming Equipment* _____% |
| c. Buses _____% | g. Salvage (used) parts* _____% |
| d. RV (Motorhome, Camping Trailer)* _____% | h. Watercraft (including Jet Skis)* _____% |

3. Are you involved in any **additional business operations** other than what is described above: Yes No
 If yes, describe: _____

4. Locations where you conduct Garage Operations (include Zip Code)

- 1] _____
- 2] _____
- 3] _____
- 4] _____

5. What other businesses use your location(s)? _____

6. Do you pick-up and deliver customers' vehicles? Yes No
 If yes, how many times per Month? _____ and how far from your shop? _____ miles.

7. How many Transporter Plates (**Non-Dealer**) do you have? _____ How many times a week are they used? _____

8. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building
9. Where are vehicle keys kept when the lot or shop is closed? Key Cabinet Taken Home In/On the Vehicle
10. **RATING EXPOSURE BASIS:** Must list ALL Owners, Employees and Drivers (**Cannot be blank or "n/a"**):

| Name | Date of Birth | Driver License Number | State of License | CDL? Y/N | Furnished Auto? Y/N | Violations & Accidents Past 3 Years | Full or Part Time | Job Title/Duties |
|------|---------------|-----------------------|------------------|----------|---------------------|-------------------------------------|-------------------|------------------|
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11. List ALL Family members and non-family members (except customers) and indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished:

| Name | Date of Birth | Driver License Number | State of License | Will drive for <u>or</u> Work in business? | Furnished Auto? Y/N | Violations & Accidents Past 3 Years | Relationship |
|------|---------------|-----------------------|------------------|--|---------------------|-------------------------------------|--------------|
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12. Have all members of your household been disclosed on this application? Yes No
If no, please explain: _____

13. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? Yes No

14. Prior Carrier Information (must be completed unless New Venture):

Current Carrier _____ Policy Year _____ Premium _____
 Prior Carrier _____ Policy Year _____ Premium _____
 Prior Carrier _____ Policy Year _____ Premium _____

15. Loss History for 3 Years: No Known Losses Losses Reported in Last 36 months
(If any, attach Loss Runs. If unavailable, complete details below)

| Date of Loss | Amount | Description of Loss and Driver Name (if any) |
|--------------|--------|--|
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Sales Questions

16. Who drives or transports vehicles to your lot? Insured/Employees Contract Drivers Transporter
17. Do you drive or transport newly acquired autos more than 300 road miles from point of purchase to your lot? (50 miles for KS, KY, NH, MD, ME or WV) Yes No
If yes, how many trips per year? _____ and how far one-way for longest trip? _____ (in road miles)
18. How many vehicles do you sell per year? _____
19. How many of those are sold "sight unseen" over the internet? _____ (customer doesn't conclude purchase in person)
20. How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)
21. How many dealer plates do you have? _____
22. Do you repossess vehicles? Yes No
If "Yes," explain: _____
23. Do you repair "salvage titled" vehicles prior to sale? Yes No
If "Yes," what percentages of repairs are: Structural _____ % Mechanical _____ % Cosmetic _____ %
24. Do you always ride along on test drives? Yes No

Service Questions

25. What percentage of your work is?
- | | | | |
|--|----------------------------|-----------------------------|-------------------------|
| _____ % Alignment | _____ % Brakes | _____ % Lift Kits (See #27) | _____ % Tires (See #31) |
| _____ % Body (not fiberglass) | _____ % Radiator | _____ % Muffler | _____ % Trailer Hitches |
| _____ % Fiberglass | _____ % Tune Up | _____ % Transmission | _____ % Upholstery |
| _____ % Paint (See #29) | _____ % Oil & Lube | _____ % Suspension/Frame | _____ % Wash/Detail |
| _____ % Engine Overhaul | _____ % Sound/Alarm System | | |
| _____ % Roadside Assistance (If contracted with "auto club" attach copy of contract) | | | |
| _____ % Custom/Fabrication - Must Describe _____ | | | |
| _____ % Performance Enhancement - Must Describe _____ | | | |
- *Describe any other work done: _____
26. Do you sell gasoline or LPG? Yes No
If yes, is it Self-Service or Full Service and how many gallons? Gasoline _____ LPG _____
27. If you install Lift Kits
- Do you lift over 6"? Yes No
 - What percentage of the kits are: Body Lift Kits? _____ % Suspension Lift Kits? _____ %
 - What is your training and experience? _____
28. Racing: Do you have an owned vehicle racing or exhibition exposure? Yes No
Do you service any vehicles involved in racing or exhibition events? Yes No If yes, _____ %
29. If you paint, do you have a spray paint booth/separate room? Yes No
If "Yes," is booth/room well ventilated? Yes No
30. Do you tow for hire? (If "Yes", complete Tow Truck Questionnaire) Yes No
31. If you sell or service Tires (other than Motorcycle or Roadside Assistance) complete the following section:
- What percentage of your work is: Service only, no sales _____ % Describe _____
 - What percentage of your work is: New Tires _____ % Used Tires _____ %
 - What percentage of your work is: Specialty Tires _____ % Off Road _____ % Racing _____ % Const/ Farm Equip _____ %
 - Do you sell new tires manufactured more than 3 years ago? Yes No
 - For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? Yes No
 - Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? Yes No
 - Do you perform quality control to verify proper installation, tightened lugnuts and matched tire sizes? Yes No

COVERAGE REQUESTED

Garage Liability Limit \$ _____ each accident, \$ _____ aggregate
 Add Broadened Coverages-Garage
 Additional Insured & Why
 Add Liability for these Related Operations from page 1:
 Operations _____ Gross Receipts \$ _____ Operations _____ Gross Receipts \$ _____
 Operations _____ Gross Receipts \$ _____

Garagekeepers Limit \$ _____ per location Basis: Legal Liability or Primary
 SCL or Comp \$ _____ deductible Collision with \$ _____ deductible
 Maximum Limit per Vehicle \$ _____ In-Transit Limit per auto \$ _____

Dealers Physical Damage Limit \$ _____ per location
 SCL or Comp \$ _____ deductible Collision with \$ _____ deductible
 Maximum Limit per Vehicle \$ _____ Drive-Away Road Miles _____
 Type of vehicles: New Used
 Interests Covered: Owner Owner and Creditor Consignment
 Loss Payee

Specifically Described Autos (use ACORD 127 or equivalent for additional vehicles):

| Auto No. | Year | Make | V.I.N. | Stated Amount |
|----------|------|------|--------|---------------|
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| Auto No. | GVW | Use | Radius | Loss Payee |
|----------|-----|-----|--------|------------|
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Medical Payments Limit \$ _____ Premises Only Combined
 Fire Legal Liability \$50,000 or \$ _____
 Commercial Property (attach ACORD 140 or equivalent **and** TRIA 2002 Notice)

AVAILABLE FOR DEALERS AND/OR SCHEDULED AUTOS ONLY:

Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)
 Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)

Remarks: _____

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Arkansas, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully 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.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim 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.

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 York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

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.

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.

Maine, 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.

Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Signature

Date

Agent's or Broker's Name (Please print)

Telephone Number

Agents Signature

License No.

Date