

National Casualty Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Insurance Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

APPLICATION FOR GARAGE POLICY

Proposed Policy Period: From: _____ To: _____

Named Insured: _____ DBA: _____

Mailing Address: _____ City: _____

County: _____ State: ____ Zip Code: _____ Phone: _____

Internet Address (If any): _____ FEIN: _____

Inspection/Audit Contact Name and Telephone Number: _____

Years in Business: _____ Years Sales/Repair Experience: _____

Have you ever operated a garage business under another name?..... Yes No

If yes, explain: _____

Business Entity: Individual Partnership Corporation Other: _____

Describe your Operations: _____

Do you engage in any other operations? Yes No

If yes, explain: _____

Are you a licensed auto dealer?..... Yes No

Dealer ID No.: _____

License Type: Retail Wholesale Distributor Other: _____

Locations/Premises where you conduct Garage Operations:

1. _____

2. _____

Do you own or lease Location 1? Own Lease

Do you own or lease Location 2? Own Lease

GENERAL INFORMATION

1. What are your normal business hours? _____

2. Are autos stored at your premises after normal business hours?..... Yes No



a. If yes, describe your theft barriers/storage at each location for autos you **OWN** (building, fence and gate or post and cable):

Location 1: _____

Location 2: _____

b. If yes, describe your theft barriers/storage at each location for autos you do **not OWN** (building, fence and gate or post and cable):

Location 1: _____

Location 2: _____

c. Owned Auto Values (Dealers Physical Damage):

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
Location No. 1	\$	\$	\$		
Location No. 2	\$	\$	\$		

d. Nonowned Auto Values (Garagekeepers):

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
Location No. 1	\$	\$	\$		
Location No. 2	\$	\$	\$		

3. Do you have or maintain animals on your premises? Yes No

If yes, what types/breeds? _____

Are these animals: Pets Used for Security Purposes Professionally Trained

Are warning signs posted? Yes No

Where are they kept during business hours? _____

4. Total Gross Receipts from:

All Vehicle/Equipment Sales:..... \$ _____

All Repair: \$ _____

Other Uninstalled Product Sales: \$ _____

Tow Truck Operations: \$ _____

5. Describe your key controls during business hours: _____ After business hours: _____

If a key box is used, describe location of key box (in building or attached to autos): _____

6. Do you pick up or deliver autos not owned by you? Yes No

If yes, how many times per week? _____ What is the average and maximum radius traveled? _____

7. Do you tow for hire?..... Yes No

If yes, explain: _____

8. Who drives or tows vehicles to your premises? _____

9. Do employees use their own vehicles within the scope of their employment? Yes No

If yes, how many times per week? _____ What is the average and maximum radius traveled? _____

10. Do you obtain certificates of insurance from all sub-contractors utilized (transporters, etc.)?..... N/A Yes No

11. Do you utilize unscheduled contract drivers? Yes No

If yes, do you verify that they have valid U.S. driver licenses? Yes No

How many per: Week: _____ Month: _____ Year: _____

12. Do you loan or lease autos to others? Yes No
 Do you loan autos to customers while their auto is being repaired? Yes No
 If yes, provide copy of agreement.

13. How many plates do you have or do you plan to procure in the next twelve (12) months?
 Dealer: _____ Dealer plate numbers: _____
 Registration/Transporter: _____ Transporter plate numbers: _____
 Describe how plates are being used: _____

 Where are plates stored when not in use? _____
 Do you sell, loan, or rent plates to others? Yes No
 If yes, explain: _____

14. In the next twelve (12) months, will you perform operations or have driving exposures in any of the following states?
 a. New York New Jersey Michigan Illinois None of these
 b. Other (besides state of domicile): Yes No
 List states: _____
 If yes, to a. or b. above, describe: _____

15. Do you repossess vehicles? Yes No
 If yes, are these autos you have sold? Yes No
 Do you repossess autos for banks or other dealers? Yes No

16. Do you sell gasoline? Yes No
 If yes, how many gallons per year? _____
 Do you sell LPG? Yes No
 If yes, how many gallons per year? _____

17. Do you own and/or sponsor any vehicles used in racing events? Yes No
 If yes, provide details: _____

18. List ALL Owners, Employees and Drivers/Contract Drivers:
 (Full Time = over twenty [20] hours/week)

Name	DOB	Driver's License No.	State of DL	CDL?		Furnished Auto? Y/N	Works at Loc. No.	Violations and Accidents Past Three Years	Full or Part Time	Job Title/Duties
				Y/N	Class					

19. List ALL Family members and non-family members, including all persons that have access to covered vehicles (except customers):

Name	DOB	Driver's License No.	State of DL	Will drive for or Work in business? Y/N	Furnished Auto? Y/N	Violations and Accidents Past Three Years	Relationship

20. 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 N/A

21. Provide your percentage of operations (Percentages MUST equal one hundred percent [100%]):

* Requires completed supplemental application

	Repair	Sales
Private passenger cars, SUVs, pickup trucks, vans	%	%
Motor Homes	%	%
Motorcycles*	%	%
Buses*	%	%
Watercraft (boats, jet skis, etc.)	%	%
Dirt Bikes or ATVs/UTVs and all other recreational autos*	%	%
Farm Equipment	%	%
Construction/Contractor's Equipment*	%	%
Travel trailers or camper trailers	%	%
Utility trailers or livestock trailers	%	%
Trucks, tractors, semi-trailers*	%	%
Salvage parts	%	%
Other:	%	%
TOTAL	100%	100%

UNDERWRITING INFORMATION—DEALERS (if no dealer operations, proceed to SERVICE)

22. Where do you purchase vehicles? _____
 Do you buy or sell vehicles on the Internet? Yes No
 If yes, explain: _____

23. Do you drive away more than three hundred (300) miles from point of purchase? Yes No
 If yes, how often and to where? _____

24. How many vehicles do you sell per year? _____
 Retail: _____% Wholesale: _____% Consignment (attach consignment agreement): _____%

25. Do you export autos?..... Yes No
 If yes, are titles transferred prior to the auto leaving your care for shipping? Yes No



26. Are titles transferred to customer upon relinquishing a sold vehicle? Yes No
If no, explain? _____
27. Do you keep open titles on vehicles you buy or sell? Yes No
If yes, explain: _____
28. Do you require personal auto insurance to be in place prior to relinquishing a sold vehicle? Yes No
29. Test drives:
Do you always obtain a copy of the customer's license? Yes No
Do you obtain proof of insurance when available? Yes No
Do you always ride along? Yes No
Do you permit overnight test drives? Yes No

UNDERWRITING INFORMATION—SERVICE (if no service operations, proceed to INSURANCE HISTORY)

30. List the percentage of your work (Percentages MUST equal one hundred percent [100%]):

Type of Work	Percent	Type of Work	Percent
Oil and Lube	%	Wash/Detail	%
Tune-Up	%	Window Tint	%
Muffler	%	Clear Coating	%
Radiator	%	Stereo System	%
Electrical	%	Alarm System	%
Brakes	%	Transmission	%
Hitches: <input type="checkbox"/> Bolt on <input type="checkbox"/> Weld On	%	Windshield	%
Upholstery	%	Lift Kit Installation	%
Tires (New)	%	Suspension (Not Lift Kits)	%
Tires (Used)	%	Wheel Alignment	%
Frame Work	%	Performance Adjustments	%
Painting	%	LPG	%
Body Work	%	Other:	%

31. Do you have quality control checks in place to ensure that repairs have been performed properly? Yes No
32. Are signs posted to keep customers out of the work area? Yes No
33. Do you do any welding? Yes No
 Inside Outside Mobile Safeguards: _____
34. Do you have a spray paint booth? Yes No
Is it U/L approved? Yes No
Is there an exhaust ventilation system? Yes No
Are lighting/fixtures explosion proof? Yes No
Is paint stored in fire-resistive cabinets outside the paint booth? Yes No
35. Is a frame straightening machine used? Yes No
Make/Model: _____
36. Any frame cutting/stretching? Yes No

INSURANCE HISTORY

37. Has your insurance been cancelled or non-renewed within the last three years? (Not applicable in Missouri) Yes No

a. If yes, explain: _____

b. A minimum of three year history is required. If three year history is unavailable, explain: _____

Current Carrier	Eff. Date	Exp. Date	Policy Premium
			\$
Prior Carrier	Eff. Date	Exp. Date	Policy Premium
			\$
Prior Carrier	Eff. Date	Exp. Date	Policy Premium
			\$

Date of Loss	Amount	Description of Loss
	\$	
	\$	
	\$	
	\$	

COVERAGES REQUESTED

38. Check applicable box(es):

GARAGE LIABILITY:

Each Accident Limit: \$ _____ Aggregate Limit: 1x 2x 3x

Deductible: \$ _____

MEDICAL PAYMENTS: Applicable to: Garage Operations Autos Both

Limits: \$500 \$1,000 \$2,500 \$5,000

UNINSURED MOTORIST: \$ _____ PERSONAL INJURY PROTECTION: \$ _____

ADDITIONAL INSURED: _____

Address: _____

Explain the relationship there will be between the Named Insured and the Additional Insured: _____

GARAGEKEEPERS (Coverage for customers' vehicles while in your care, custody and control):

Legal Liability Direct Primary

Maximum Limit Per Vehicle: \$ _____

Causes of Loss: Specified Causes w/Collision Comprehensive w/Collision

Total Limits: Location No. 1: \$ _____

Location No. 2: \$ _____

Deductibles: Specified Causes or Comprehensive Deductible: \$ _____

Collision Deductible: \$ _____

Maximum Deductible Per Loss: \$ _____

In-Transit Limits (On-Hook): \$ _____ per auto (Garagekeepers coverage required to qualify for coverage)

Number of autos being towed or carried per each transporter: _____

DEALERS PHYSICAL DAMAGE (Coverage for damage to autos while held for sale):
 Maximum Limit Per Vehicle:.....\$ _____
 Causes of Loss: Specified Causes w/Collision Comprehensive w/Collision
 Total Limits: Location No. 1:\$ _____
 Location No. 2:\$ _____
 Deductibles: Specified Causes or Comprehensive Deductible:.....\$ _____
 Collision Deductible:.....\$ _____
 Maximum Deductible Per Loss:.....\$ _____
 Type: New Used
 Interests Covered: Owner Owner and Creditor (Bank) Consignment
 Other Limits: At Temporary Locations: \$ _____ While in Transit: \$ _____
 Loss Payee: _____
 Loss Payee Address: _____

Drive away Miles (if over three hundred [300] miles):..... _____

SPECIFICALLY DESCRIBED AUTOS:

Vehicle No.	Year	Make	Body Type	VIN	ACV	GVW
1						
2						
3						

Vehicle No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Yes/No	State/Federal	Liability	Physical Damages	Other	
1								
2								
3								

ADDITIONAL COVERAGES REQUESTED

39. Check applicable box(es):
- Registration Plates Not Issued For A Specific Auto (Max \$100,000 limit available)
 - False Pretense: \$25,000 \$50,000 Other: \$ _____
 - Personal Injury Liability
 - Damage To Rented Premises Liability: \$50,000 \$100,000 \$300,000
 - Broadened Coverage (Includes Personal Injury Liability and Damage To Rented Premises):
 \$50,000 \$100,000 \$300,000
 - Drive Other Car (Dealers only; Individuals included for this coverage must be rated as furnished)
 - Federal Odometer Errors and Omissions
 - Auto Dealer's Error and Omissions (Includes Truth-In-Lending, Odometer and Title E&O)

Remarks: _____



PROPERTY INFORMATION

40. Location where you conduct garage operations: _____

41. Coverage/Valuation Requested:

Subject of Insurance	Amount	Co-Insurance Percent	Protection Class	Valuation: ACV or RC	Coverage Form: Basic, Broad or Special	Deductible
Building Coverage						
Building 1	\$					\$
Building 2	\$					\$
Business Personal Property						
Building 1	\$					\$
Building 2	\$					\$
Business Income:						
Building 1						
With Extra Expense	\$					\$
Without Extra Expense	\$					\$
Building 2						
With Extra Expense	\$					\$
Without Extra Expense	\$					\$

42. Building Information:

Building No.	Building Age	Building Constr.	Total Sq. Ft. Building	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System	Fire Protection System	Burglar Alarm—Type
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local

43. Building Improvements: (Provide year updated)

	Wiring	Roof	Plumbing	HVAC	Other
Building 1					
Building 2					

FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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.

This application does not bind the applicant or the Company to an agreement. However, the information stated on the application shall be the basis of the contract should a policy be issued. The application does not provide coverage or limits and may reflect different coverages or limits than offered by the Company.

FRAUD WARNINGS: Attach completed WHI APP-152, State Fraud Notification Compliance form.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Authorized owner, partner or executive officer)

RETAIL AGENT NAME: _____

ADDRESS: _____

PRODUCER'S NAME: _____ DATE: _____