

GARAGE LIABILITY NON DEALER APPLICATION

General Information

Effective Date: _____

1. Your Name _____ Phone No. _____

(dba) _____

2. Mailing Address _____

3. Your Web Address _____

4. Location #1 Address _____

5. Location #2 Address _____

Is there work done elsewhere? i.e.; Roadside? _____ Customer's business location? _____

6. How long have you been in business? _____ How many years of related experience? _____

7. Type of Legal entity: Corp. Partnership Individual Limited Liability Corp. Other

8. Applicant's Business _____

Vehicles Repaired Or Sold

	Repair	Sales
<input type="checkbox"/> Private passenger cars, pick-up trucks, vans, Sport Utilities	%	%
<input type="checkbox"/> Trucks ≤ 20,000 # GVW	%	%
<input type="checkbox"/> Sports Cars or high performance cars (Porsche, Corvette etc)	%	%
<input type="checkbox"/> Motorcycles, Motorbikes **complete BG-GA-477	%	%
<input type="checkbox"/> Antique or Classic Vehicles	%	%
<input type="checkbox"/> Boats-Hull	%	%
<input type="checkbox"/> Boats-Motors	%	%
<input type="checkbox"/> ATV's, Jet Skis	%	%

	Repair	Sales
<input type="checkbox"/> Motor homes, Recreational vehicles **complete BG-GA-498	%	%
<input type="checkbox"/> Trucks > 20,000 # GVW **complete BG-GA-462	%	%
<input type="checkbox"/> Truck tractors, 5 th Wheels & Semi Trailers **complete BG-GA-462	%	%
<input type="checkbox"/> Mobile Home Dealer **complete BG-GA-496	%	%
<input type="checkbox"/> Utility trailers	%	%
<input type="checkbox"/> Farm Equipment	%	%
<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"/> Brakes	%
<input type="checkbox"/> Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self serve	%
<input type="checkbox"/> Detail	%
<input type="checkbox"/> Electrical	%
<input type="checkbox"/> Muffler	%
<input type="checkbox"/> Oil & Lube	%
<input type="checkbox"/> Radiator	%
<input type="checkbox"/> Sound System/Alarms	%
<input type="checkbox"/> Transmission	%
<input type="checkbox"/> Tune-up	%
<input type="checkbox"/> Window Tinting	%
<input type="checkbox"/> Windshield <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	%

<input type="checkbox"/> Body/Paint	%
<input type="checkbox"/> Gasoline/LPG Sales	%
<input type="checkbox"/> Lift Kit Installation	%
<input type="checkbox"/> Hitches	%
<input type="checkbox"/> Hydraulics	%
<input type="checkbox"/> Performance Upgrades-Please detail:	%
<input type="checkbox"/> Suspension (not lift kits)	%
<input type="checkbox"/> Tires **complete BG-GA-478	%
<input type="checkbox"/> Valet Parking **complete BG-GA-390	%
<input type="checkbox"/> Welding **complete BG-GA-497	%
<input type="checkbox"/> Other: Description:	%
Total	100%

1. Explain any other business, owned by you _____
2. Do you loan any vehicles? Yes No If **yes**, explain _____
3. Do you modify, rebuild or perform conversions on vehicles? Yes No If **yes**, please explain _____
4. Do you perform any frame straightening? Yes No
5. Type of frame straightener:
 - a. Laser Measuring device
 - b. Optical Measuring device
 - c. Mechanical Gauge
 - d. Make & Model _____
6. Do you buy salvage for reconstruction? Yes No
7. Do you repair vehicles with damage totaling more than 75% of the ACV of the vehicle? Yes No
8. Do you own, repair, service, or sponsor a race car? Yes No
9. Do you perform any work on airbags (including any deactivating) or breathalyzers? Yes No
10. Do you repossess autos? Yes No
11. Do you tow? For Hire % Rotation % Repo %
12. Do you have a storage lot on premises? Yes No
13. Do you dismantle autos or have salvage operations? Yes No

The following questions **apply to ALL applicants:**

Security and Protection

1. Do you store vehicles overnight? Yes No If yes, describe your lot protection (each location) i.e.: How are vehicles stored? _____
2. Do you park customer's vehicles on the street? Yes No
3. If you have a spray booth, is it equipped with explosion proof lights, outside ventilation & bay separation?
 Yes No
4. Is your lot well lit at night? Yes No
5. Are signs posted to keep customers from the work area? Yes No
6. Are Firearms kept on the premises? Yes No
7. Is your lot patrolled by a security guard? Yes No Is the guard armed? Yes No
Do you have any other security devices, i.e., cameras, alarms? If yes, please describe _____
8. Do you have any animals on premises? Yes No
9. Do you leave keys in vehicles? Yes No
10. Describe how keys are controlled _____
11. Describe how plates are stored/secured _____

Prior Insurance and Loss History Information (3 Year)

Previous Carrier	Policy Year	Premiums Paid	Description of Loss	Amount Paid	Amount Reserved

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******LOSS RUNS REQUIRED ON GARAGE RISKS WITH 8 (EIGHT) OR MORE EMPLOYEES******

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

List All Employees (Include any non-employee or family members furnished an auto)						
	Name	Date of Birth	License No./ State	DUI's last 3 years	Accidents last 3 years	Other moving violations
1						
2						
3						
4						
5						
	Job Duties (e.g., mechanic, clerical, detail, sales or lot person)	Full Time	Part Time (20 hrs or less per week)		Furnished a Car?	
1						
2						
3						
4						
5						

******IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST******

Coverage's

A. Garage Liability Limits

Combined Single Limit \$ _____ Other Than Aggregate \$ _____

B. Garagekeepers (for Customers Cars in your Care, Custody and Control) Legal Liability Only

Specified Causes of Loss/w Collision **OR** Comprehensive/w Collision

Limit of Liability at Location #1 \$ _____ Limit per vehicle \$ _____

Limit of Liability at Location #2 \$ _____ Limit per vehicle \$ _____

Specified Causes or Comp Ded.\$ _____ Collision Ded. \$ _____

C. On Hook (Coverage for vehicle in tow) Legal Liability Only

Specified Causes of Loss/w Collision **OR** Comprehensive/w Collision

Unit Description	Limit On Hook Coverage	Deductible

D. Dealers Physical Damage (coverage for damage to your autos)

Fire & Theft Specified Perils of Loss Comprehensive

Deductible per auto \$ _____

Limit of Liability at Location #1 \$ _____ Limit per vehicle \$ _____

Limit of Liability at Location #2 \$ _____ Limit per vehicle \$ _____

Blanket Collision (total for all listed locations) Limit \$ _____

Deductible per auto \$ _____

Interests covered: (check all those that apply)

- Your interest in covered "autos" you own
- Your interest only in financed covered "autos"
- Your interest and the interest of any creditor named as loss payee
- All interests in any "auto" not owned by you or any creditor while in your possession on consignment.

E. Schedule of Covered Autos (Dealers only)

List any owned tow truck, car hauler, or service vehicle to be insured.

Unit #	Year, Model, Serial Number	Body Type	Where Garaged	Radius	Physical Damage Stated Amount	Deductible

F. Loss Payable Name and Address (advise which unit this applies to) _____

G. Medical Payments Coverage

Limit per person \$ _____ Premises only Auto only Premises and Auto

H. Uninsured/Underinsured Motorist Coverage (for requirements, check state status)

Yes No If yes, limit(s) desired \$ _____

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

Number of Dealer Plates _____ Transporter Plates _____ Other (please describe) _____

I. Personal Injury Protection Coverage (PIP) (for requirements, check state statutes) Yes No

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

J. Fire Legal Liability

Limit of Liability \$50,000 \$100,000

K. Personal Injury Liability

Limit of Liability \$ _____

L. Broadened Coverage

Limits of Insurance:

Personal and Advertising Injury \$ _____

Fire Legal \$ _____

M. Building, Personal Property, Inland Marine, and General Liability Coverage's (only available in some states).

If coverage is selected, please complete and attach Acord Application.

N. List any Additional Insureds to be named and advise what their interest is in this operation.

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/Title

Date

Co-Applicant Signature/Title

Date

Agent

Did your office control this risk in the past? Yes No

Agent's or Broker's Name

Telephone Number

Agent's Signature

Address

Date

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.