

J. L. von Arx & Associates
Insurance Services

CA Lic# 0702245 800-986-6279 Fax 562-436-3255

GARAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker #: 5903A Retailer: _____
 Broker: J.L. von Arx & Associates Location: _____
 Location: 400 Oceangate, Suite 310 _____
Long Beach, CA 90802 Phone #: _____

Applicant Name and Mailing Address _____

Proposed Policy Period _____ to _____

Location #1 _____

Location #2 _____

Individual Partnership Joint Venture Corporation Other _____

Insured's Website Address _____

Inspection and Audit Contact / Phone Number _____

Years in business _____ Years of experience in this field _____

NATURE OF BUSINESS					
DEALER: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Non-Franchised <input type="checkbox"/> Franchised with _____					
NON-DEALER: <input type="checkbox"/> Repair Shop <input type="checkbox"/> Gas Station <input type="checkbox"/> Parking Facility <input type="checkbox"/> Other _____					
UNDERWRITING INFORMATION					
DO YOU:	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	7. Repossess vehicles for others?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	8. Engage in fuel conversion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	9. Engage in auto pawning?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sponsor driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	10. Sell vehicles with salvaged titles?	<input type="checkbox"/>	<input type="checkbox"/>
5. Install, service or repair airbags?	<input type="checkbox"/>	<input type="checkbox"/>	11. Allow customers in the work area?	<input type="checkbox"/>	<input type="checkbox"/>
6. Structurally alter or convert vehicles from their original design?	<input type="checkbox"/>	<input type="checkbox"/>	12. Rent, lease or loan vehicles, machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN ALL "YES" RESPONSES: _____					

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	%	%
Antique/Classic Cars	%	%
Boats - Other Than Jet Skis	%	%
Jet Skis	%	%
Busses	%	%
Contractors Equipment	%	%
Farm Equipment	%	%
Emergency or Public Livery	%	%
Heavy Truck (over 20,000 GVW)	%	%
Kit Cars or Other Auto Manufacturing	%	%
Motorcycles, ATVs, Scooters, Snowmobiles	**supplement required**	%
Mobile Homes	%	%
Recreational Vehicles and Campers	**supplement required**	%
Semi Trailers	%	%
Trailers - Other than Semi Trailers	%	%
TOTAL		100%

DEALERS OPERATIONS		
Consigned Autos Held for Sale	%	When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
Owned Autos Held for Sale	%	
Auto Auctions	%	Number of Dealer Tags: _____
Wholesale Autos	%	
Other:	%	

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Impound Yards	%
Auto Maintenance or Repair Incl Bedliner	%	Mobile Auto Repair	%
Auto Painting with UL approved spray booth	%	Oil/Lube Service	%
Auto Painting without UL approved spray booth	%	Parking Lots & Garages	%
Auto Parts Sales <u>Receipts:</u>	%	Tire Dealers - New	%
Body Shop	%	Tire Dealers - Used, Retreads or Split Rims	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <u>Receipts:</u>	%	Valet Parking	**supplement required**
Detailing	%	Van Conversion	%
Driveaway Contractor or Wrecker Service	%	Window Tinting	%
Frame or Unibody Straightening	%	Windshield Installation/Repair	%
Gasoline Station - Full Service	%	Other:	%

**SCHEDULED AUTO
 SUPPLEMENT**

VEHICLE DESCRIPTION			
VEH #	YEAR	MAKE/MODEL	VIN #
1			
	RADIUS	GVW (OR CAR CAPACITY FOR TRAILERS)	ACTUAL CASH VALUE
Is this vehicle used for towing? _____ Yes _____ No			
Is the towing service "For-Hire"? _____ Yes _____ No			
2			
	RADIUS	GVW (OR CAR CAPACITY FOR TRAILERS)	ACTUAL CASH VALUE
Is this vehicle used for towing? _____ Yes _____ No			
Is the towing service "For-Hire"? _____ Yes _____ No			
3			
	RADIUS	GVW (OR CAR CAPACITY FOR TRAILERS)	ACTUAL CASH VALUE
Is this vehicle used for towing? _____ Yes _____ No			
Is the towing service "For-Hire"? _____ Yes _____ No			
4			
	RADIUS	GVW (OR CAR CAPACITY FOR TRAILERS)	ACTUAL CASH VALUE
Is this vehicle used for towing? _____ Yes _____ No			
Is the towing service "For-Hire"? _____ Yes _____ No			
5			
	RADIUS	GVW (OR CAR CAPACITY FOR TRAILERS)	ACTUAL CASH VALUE
Is this vehicle used for towing? _____ Yes _____ No			
Is the towing service "For-Hire"? _____ Yes _____ No			

**A vehicle is considered "For-Hire" if any of the following conditions apply:*

- a. The towing service is on police rotation.*
- b. The towing service responds to roadside assistance organizations.*
- c. The Vehicles are towed to any location other than the Insured's premises.*
- d. A charge is made for the towing service.*

LIST DRIVERS WHO USE SCHEDULED AUTOS FOR PERSONAL USE AND APPLICABLE VEHICLE NUMBER

COVERAGES REQUESTED

Auto Liability	<input type="checkbox"/>
Uninsured Motorists	<input type="checkbox"/>
Underinsured Motorists	<input type="checkbox"/>
Personal Injury Protection	<input type="checkbox"/>
Auto Medical Payments	<input type="checkbox"/>
Physical Damage - Comprehensive & Collision	<input type="checkbox"/>
Physical Damage - Specified & Collision	<input type="checkbox"/>

Note: Limits & Deductibles will be same as Garage coverages. Physical Damage will only be provided where the ACV is indicated above and coverage selected.

TYPES OF VEHICLES	
Harley Davidson Motorcycles	%
Cruiser/Touring Motorcycles - Examples: Choppers, Harley Type, Indian, Trikes, etc.	%
Street Racing Motorcycles - Examples: CBR, Ducati, Kantana, Ninja etc.	%
Dirt Bikes	%
3 or 4-Wheel ATVs	%
Snowmobiles	%
Jet Skis	%
Mopeds, Gopeds, Scooters	%
Other:	%

TYPE OF SALES OR REPAIR	
Vehicle Sales	%
Accessory (uninstalled) Sales Receipts:	%
Used or Rebuilt Parts Sales Receipts:	%
Vehicle Repair - Brakes	%
Vehicle Repair - Engine	%
Vehicle Repair - Paint/Body	%
Vehicle Repair - Oil/Lube	%
Vehicle Repair - Rims & Tires	%
Vehicle Repair - Tune Ups	%
Structural Alterations (fork & frame)	%
Cosmetic Alterations Describe:	%
Other: Describe:	%

UNDERWRITING INFORMATION			
		Yes	No
1	Do Customers Test Drive vehicles? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
	Is there a test track or area on the Insured's premises?	<input type="checkbox"/>	<input type="checkbox"/>
	Do they verify the customer has a motorcycle endorsement on their license?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you sponsor special events (rallies, rides, shows, clubs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	Describe: _____		
3	Any loaning, rental or extended test driving (overnight) of vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, is that exposure covered elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you provide driving training or driver education courses?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you build, construct, assemble or design motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you done so in the past or would you do so, if requested, in the future?	<input type="checkbox"/>	<input type="checkbox"/>

 Witness

 Date

 Applicant's Signature

**RECREATIONAL VEHICLE
 SUPPLEMENT**

TYPE OF VEHICLES	
Private Passenger Types & Light Trucks	%
Recreational Vehicles	%
Campers	%
Travel Trailers	%
Other (Specify):	%

TYPE OF REPAIRS	
Alignment, Steering or Front End Suspension	%
Body Work	%
Brakes	%
Engine (Major)	%
Engine (Minor)	%
Hydraulic Work	%
LPG Repair	%
LPG Delivery	%
LPG Dispensing	%
Manufacturing/Fabricating (Specify):	%
Oil, Lube, Tune-Up	%
Painting (in UL approved spray booth)	%
Tires (New)	%
Tires (Used)	%
Trailer Hitch Installation or Repair	%
Trailer Repair	%
Welding	%
Other (Specify):	%

WORK LOCATIONS	
At Shop	%
Away From Premises - Customer's Location	%
Away From Premises - Roadside	%

UNDERWRITING INFORMATION		
1. Any rental of RVs?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", is coverage in place elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are RV's taken to trade shows, fairs or other special events?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please explain: _____		

 Witness

 Date

 Applicant's Signature

HEAVY TRUCK / TRAILER SUPPLEMENT

TYPE OF VEHICLES

Private Passenger Types & Light Trucks (0-10,000 Lbs. G.V.W.)	%
Medium Trucks (10,001-20,000 Lbs. G.V.W.)	%
Heavy Trucks (20,001-45,000 Lbs. G.V.W.)	%
Extra-Heavy Trucks (over 45,000 Lbs. G.V.W.)	%
Heavy Truck Tractors (0-45,000 Lbs. G.V.W.)	%
Extra-Heavy Truck Tractors (over 45,000 Lbs. G.V.W.)	%
Service or Utility Trailers (0-2000 Lbs. Load Capacity)	%
Trailers (Specify):	%
Semitrailers	%
Other (Specify):	%
= 100 %	

TYPE OF REPAIRS

Alignment, Steering or Front End Suspension	%
Body Work or Painting	%
Brakes	%
Engine (Major)	%
Engine (Minor)	%
Hydraulic Work	%
Manufacturing/Fabricating (Specify):	%
Oil, Lube, Tune-Up	%
Reefer	%
Tanker	%
Tires (New)	%
Tires (Used or Split Rim)	%
Trailer Hitch Installation	%
Trailer Repair	%
Welding	%
Other (Specify):	%
= 100 %	

WORK LOCATIONS

At Shop	%
Away From Premises – Customers Location	%
Away From Premises - Roadside	%
= 100 %	

- | | | |
|---|------------------------------|-----------------------------|
| 1. Diversion of traffic required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any out-of-state pickup or delivery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do all drivers have a CDL? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VALET PARKING SUPPLEMENT

Valet Parking Locations (coverage will only be provided for addresses listed):

Loc. #1: _____

Loc. #2: _____

Loc. #3: _____

Loc. #4: _____

Loc. #5: _____

1. Are you the owner of the premises? Yes No
If yes, is Commercial General Liability in place? Yes No
2. Do you drive or park customer's cars on or across any public streets? Yes No
3. Are any employee/drivers under 21 years old? Yes No
4. Do you utilize a two-part or three-part ticket system? Yes No
5. Are customers cars left over night? Yes No
6. Are keys secured in a locked cabinet or attended by an employee at all times? Yes No
7. Do you offer valet parking for special events or locations not listed above? Yes No
If yes, approximately how many special events per year and describe:
8. Number of valet parking spaces available:
9. What is the average value of per vehicle?
10. What are the hours and days of operation?
11. Name & type of establishment that the valet parking is for?

Witness

Date

Applicant's Signature