

**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 <i>Receipts:</i>	%	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 <i>Receipts:</i>	%	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:	%

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