

1. Name of Applicant (Including DBA) _____
 2. Contact Person and Business Phone # _____
 3. Mailing Address _____
 4. Location Address _____
 5. Other Locations _____
 6. Type of Business: Individual Partnership Corporation L.L.C.
 7. Is Applicant of Building? Owner Tenant
 8. Is entire premise occupied by applicant? Yes No
- If no, give descriptions of other occupants, include names and addresses _____

9. Is dealer: Retail _____ % Wholesale _____ % Other _____
 10. Number of years applicant has been in this business: _____
 If less than 2 years, explain: _____
 11. Total annual receipts: Sales _____ Repair _____ Other _____
 12. Annual number of autos sold _____ Average age of autos _____
 13. Average number of autos on premises _____
 14. Average wholesale value per auto _____
 15. Maximum wholesale value per auto _____
 16. Is any service/repair performed on non-owned autos? Yes No
- If yes, give description of type of service/repair, including an indication of the percent of each in relation to total receipts _____

17. Average daily value of non-owned autos on premises for service/repair _____
18. Where are non-owned autos stored while on the premises? Inside Building Inside Fenced Lot Open Lot
 Other, Describe _____
19. Is Garagekeepers coverage needed because dealer may take an auto in for repair after a sale? Yes No
 If Yes, is work Done by dealer Sent out
20. Prior carrier and loss history (Past 3 years)

Company Name	Policy #	Policy Period	Loss Paid or Reserved	
			Number	Amount / Description

21. Has insurance ever been canceled, refused or nonrenewed? Yes No If yes, explain _____

22. Employee/Drive Information: List all owners, officers, partners and employees who drive lot vehicles and/or are employed in any capacity.

Name	Position/Relationship	Birth Date	Drivers License #	State	# of Accidents	# of Violations	FT or PT	Furnished Auto Yes or No	Rating Units

23. Non-Employee Driver/ Occasional Driver/Potential Driver Information: List spouse, Children over 14 years, other household members, and any relative, friend or contract driver allowed to drive your vehicles, or furnished an auto.

Name	Position	Birth Date	Drivers License #	State	# of Accidents	# of Violations	Furnished Auto Yes or No	Personal Auto Limits	Rating Units

24. Have you included all information regarding drivers/employees? Yes No

25. Which of the following types of vehicles do you sell? Give percent of sales.

Private Passenger Autos	_____	%
Pickups or Vans	_____	%
Motor Homes/ RV's	_____	%
Off Road (ATV)	_____	%
Trucks, Other than Pickups	_____	%
Other _____	_____	%

26. In the course of your business, do you:

Sell or repair tires?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sell new auto parts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Modify auto parts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sell consigned autos?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Repossess autos?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sell used or salvaged parts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tow autos?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rent or lease autos?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(Note: Rental or lease exposure is not covered under a garage policy.)

If you answered yes to any of the above, please give a brief explanation. _____

27. Do you ever allow customers to take unaccompanied test drives? Yes No

28. Do you ever delay the transfer of ownership of an auto after the sale? Yes No

29. Do you recondition and certify autos prior to selling? Yes No

If you answered yes to any of the above, please give a brief explanation. _____

30. How do you transport autos from purchase point to destination point? Give percent of use.

Use full-time employees?	_____	%
Use non-employees/temporary drivers?	_____	%
Use independent transport service?	_____	%
Use haulaway or tow unit?	_____	%
Use tow bar?	_____	%

31. What radius is traveled to pick up or deliver autos? _____ miles

32. What premises security exists:

Lot is well lit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Security guard or watchman employee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Central station alarm?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Yes, please list name and phone number of the central alarm company? _____

Guard dogs on premises? Yes No

Are dog warning signals posted? Yes No

If guard dogs are used, where are they kept during business hour? _____

After business hours? _____

33. Where are keys to autos kept: during business hours? _____

After business hours? _____

34. How is lot protected?

6' chain link fence on all four sides? Yes No

4' spaced posts and chains? Yes No

Other, describe _____

35. Are autos stored in a building? Yes No

If yes, give percent of time kept in building and describe building security. _____

36. Building Age: _____ Size: _____ Construction: _____
 # of Stories: _____ Sprinklered: Yes No
 Central Station alarm: Yes No Recently tagged fire extinguishers on premises? Yes No
 37. Is general housekeeping? Good Average Poor
 38. Are premises subject to any of the following:
 Floor or rising water? Yes No
 Windstorm? Yes No
 Hail? Yes No

39. **Policy Period:** From _____ To _____

40. **Limits and Coverages Desired:**

Liability: \$ _____ Each accident -- Auto & Other than Auto
 (An aggregate limit of one time the Each Accident limit applies to the Other Than Auto coverage.)
Personal Injury Protection (PIP): \$ _____ Subject to Statutory Requirements
Auto and Premises Medical Payments: \$500 \$1,000 \$2,000

Uninsured/Underinsured Motorists:

- Bodily Injury Single Limit \$ _____
 Bodily Injury \$ _____ Each Person \$ _____ Each Accident
 Property Damage \$ _____ Each Accident

How many dealer plates do you have? _____ Collision Damage Waiver Yes No

Garagekeepers Liability \$ _____ per location **Legal Liability** **Primary**

- Comprehensive or Specified Perils and Collision
 Deductible: \$250 \$500 \$1,000 \$2,500

Locations Covered:

Address	Limit per location

Dealers Physical Damage (Nonreporting form): \$ _____ Total Limit

Does dealers physical damage limits include the values of consigned vehicles? Yes No

If yes, total limit for consigned vehicles \$ _____

- Comprehensive or Specified Perils or Fire and Theft or Fire Only and Collision
 Deductible: \$250 \$500 \$1,000 \$2,500

Maximum limit - any one auto: \$ _____

Locations Covered:

Address	Limit per location

Specified Vehicles (Not included in above inventory)

- Comprehensive or Specified Perils and Fire and Theft or Fire Only and Collision Collision
 Deductible: \$250 \$500 \$1,000 \$2,500

Year	Make & Model	Serial #	Value	Driver

Loss Payee: Inventory Specified Vehicles

Location #	Name	Address	Cert. of Ins. Needed?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Additional Insureds: Owner of garage premises
 Other, explain

Location #	Name	Address	Cert. of Ins. Needed?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

