

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

