



# GARAGE APPLICATION

(Non Dealer)

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

APPLICANT Name and Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AGENT Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Individual     Partnership     Joint Venture     Corporation     Other \_\_\_\_\_

Inspection and Audit Contact / Phone Number \_\_\_\_\_

Years in business: \_\_\_\_\_ Years of experience in this field: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_  
 (includes owners/partners)

**NATURE OF BUSINESS**

Description Of Operations  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR CARRIER AND LOSS HISTORY**

Please list prior carrier for the last three years. If no prior insurance, indicate NONE

Year	Carrier	Date of Loss	Description of Loss	Driver
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has any company ever canceled, declined or refused to issue any similar insurance to the applicant in the past three years?  
 No     Yes    If Yes, please explain \_\_\_\_\_

**EMPLOYEE AND NON-EMPLOYEE INFORMATION**

**YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES, OWNERS, PARTNERS AND OFFICERS**

Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

**HOURS WORKED:**    F = Full Time (Over 20 hours per week)  
                               P = Part Time (20 or less hours per week)  
                               N = Non-Employee

**UNDERWRITING INFORMATION**

DO YOU:	YES	NO	YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	10. Leave keys in vehicles?	<input type="checkbox"/> <input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	11. Repossess vehicles?	<input type="checkbox"/> <input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	12. Subcontract any work out?	<input type="checkbox"/> <input type="checkbox"/>
4. Sell or install any used parts?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have underground storage tanks?	<input type="checkbox"/> <input type="checkbox"/>
5. Engage in auto dismantling or salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	14. Sell or distribute butane, propane or other liquefied gas?	<input type="checkbox"/> <input type="checkbox"/>
6. Conduct structural alterations or frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	15. Post signs to keep customers away from work area?	<input type="checkbox"/> <input type="checkbox"/>
7. Modify vehicles for performance style or handling characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	16. Rent, lease or loan vehicles, machinery or equipment to others?	<input type="checkbox"/> <input type="checkbox"/>
8. Install or repair trailer hitches?	<input type="checkbox"/>	<input type="checkbox"/>	17. Keep firearms on premises?	<input type="checkbox"/> <input type="checkbox"/>
9. Own or operate tank trucks?	<input type="checkbox"/>	<input type="checkbox"/>		

EXPLAIN ALL "YES" RESPONSES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERCENTAGE OF OTHER OPERATIONS**

Gasoline or Diesel Sales _____ %	Sales: <input type="checkbox"/> Autos <input type="checkbox"/> Other _____ %
Grocery or Liquor Sales _____ %	Storage Lots _____ %
Parts Sales: <input type="checkbox"/> Used <input type="checkbox"/> New _____ %	Tow truck service for hire _____ %
<input type="checkbox"/> Sports Car Repair _____ %	<input type="checkbox"/> Classics (Muscle Cars/Hot Rod Repair) _____ %
<input type="checkbox"/> Antique Auto Repair _____ %	
Vehicle Conversions (Specify): _____	_____ %
Other: _____	_____ %

**LOT INFORMATION**

Where are vehicles stored?  \*Standard Lot  Non-Standard Lot  Unfenced Lot  Building

\* A standard lot is defined as being enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended.

Is lot well lit?  Yes  No      Guard dogs?  Yes  No

Security Guards?  Yes  No      Armed?  Yes  No

Other security devices? (cameras, alarms, etc.)      \*  Yes  No

\*If yes, describe: \_\_\_\_\_

Maximum value of any one vehicle? \_\_\_\_\_      Average number of cars on hand? \_\_\_\_\_

Maximum value of all vehicles on the lot? \_\_\_\_\_

TYPES OF VEHICLES TO BE REPAIRED	
Private Passenger Types, Light & Medium Trucks (0-20,000 GVW)	_____ %
Heavy, Extra Heavy Trucks & Truck Tractors (20,000+ GVW) <input type="checkbox"/> *Yes <input type="checkbox"/> No	_____ %
*If yes, do all drivers have a Commercial Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heavy Equipment (Specify): _____	_____ %
<input type="checkbox"/> ATVs <input type="checkbox"/> Motorcycles <input type="checkbox"/> Scooters <input type="checkbox"/> Snowmobiles	_____ %
Boats, Jet ski's or other Watercraft	_____ %
Motor Homes or Recreational Vehicles	_____ %
Other (Specify): _____	_____ %
<b><u>TOTAL</u></b>	<b><u>100%</u></b>
TYPES OF REPAIRS	
Brake Work	_____ %
Alignment, Steering or Front End Suspension Work	_____ %
Body Work or Spray Painting Work? <input type="checkbox"/> *Yes <input type="checkbox"/> No	_____ %
*If yes, What measures are in place to prevent a build-up of paint/chemical fumes? _____	
Engine Work	_____ %
Hydraulic Work	_____ %
Manufacturing/Fabricating (Specify): _____	_____ %
Oil, Lube, Tune-Up	_____ %
Reefer Work	_____ %
Tanker Work	_____ %
Tires: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Recap <input type="checkbox"/> Split Rim Work	_____ %
Trailer Repair	_____ %
Welding	_____ %
Other (Specify): _____	_____ %
<b><u>TOTAL</u></b>	<b><u>100%</u></b>
Work Locations	
At Shop	_____ %
Away From Premises (Customer's location)	_____ %
Away From Premises (Roadside) <input type="checkbox"/> *Yes <input type="checkbox"/> No	_____ %
*If yes, is diversion of traffic performed? <input type="checkbox"/> * *Yes <input type="checkbox"/> No	
* *If yes, explain: _____	
<b><u>TOTAL</u></b>	<b><u>100%</u></b>

