



**GARAGE AND AUTO DEALERS
APPLICATION**

Proposed Effective Date: _____
 Proposed Expiration Date: _____

Producer: Name _____
 Address _____
 Phone # _____

Applicant Name and Mailing Address:

- Individual
- Partnership
- Corporation
- Joint Venture
- Limited Liability Corp.

Contact & Email: _____

Business Phone: _____
 Years in Business: _____

Website Address: _____
 Years of Experience: _____

Locations: Same as above

- 1 _____
- 2 _____
- 3 _____

PRIOR CARRIER AND LOSS INFORMATION				
Prior Carrier	Policy Yr	Description of Loss	Amount Paid	Amount Reserved

EMPLOYEE INFORMATION

Full Name and Date of Birth	FT or PT	Class (see below)	Moving Violations (past 3 years)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Furnished an Auto for Personal Use

- Class A - principal or employee
- Class B - non-employees without a personal auto policy in place
- Class C - non-employees with a personal auto policy in place

Not Furnished an Auto for Personal Use

- Class D - any individual whose primary duty involves operation of covered autos
- Class E - mechanics or lot persons
- Class F - clerical or sales counter duties

NATURE OF BUSINESS (INDICATE PERCENTAGE OF EACH)

Total of all percentages on this page should equal 100%

SALES

- | | | | |
|---------|--|---------|---------------------------------------|
| _____ % | Antique or Classic Auto Dealer | _____ % | Farm Equipment Dealer |
| _____ % | ATV, UTV, Dirt Bike or Snowmobile Dealer | _____ % | Golf Cart Dealer |
| _____ % | Auto Auction | _____ % | Heavy Truck Dealer |
| _____ % | Auto Dealer - PPV and Light/Medium Truck | _____ % | Motorcycle Dealer |
| _____ % | Boat or Jet Ski Dealer | _____ % | RV Dealer |
| _____ % | Bus Dealer | _____ % | Semi Trailer Dealer |
| _____ % | Camper or Travel Trailer Dealer | _____ % | Tank or Tank Truck Dealer |
| _____ % | Contractor's Equipment Dealer | _____ % | Trailer Dealer - Utility or Livestock |
| _____ % | Emergency Vehicle Dealer | _____ % | Wholesale Auto Dealer |

PARKING AND STORAGE

- | | |
|---------|--|
| _____ % | Impound Yard |
| _____ % | Parking Facilities - No Valet |
| _____ % | RV Storage |
| _____ % | Valet Parking - Designated Locations - No Street Driving or Parking |
| _____ % | Valet Parking - Designated Locations - Including Street Driving or Parking |
| _____ % | Valet Parking - Blanket Basis - Including Special Events |

SERVICE OR REPAIR

- | | | | |
|---------|--|---------|---------------------------------------|
| _____ % | Airbag Installation or Repair | _____ % | GPS Installation |
| _____ % | Alarm Installation or Repair | _____ % | Heavy Truck Repair |
| _____ % | Antique or Classic Auto Repair | _____ % | High Performance Shop |
| _____ % | ATV, UTV, Dirt Bike or Snowmobile Repair | _____ % | Ignition Interlock |
| _____ % | Auto Dismantling | _____ % | Inspection Station |
| _____ % | Auto Maintenance and Repair | _____ % | Machine Shop |
| _____ % | Auto Parts and Accessory Sales | _____ % | Manufacturing or Assembly |
| _____ % | Bedliner Installation | _____ % | Mobile Auto Repair |
| _____ % | Boat or Jet Ski Repair | _____ % | Motorcycle Repair |
| _____ % | Body Shop & Painting with UL Approved Booth | _____ % | Oil/Lube Shop |
| _____ % | Body Shop & Painting without UL Approved Booth | _____ % | Refrigeration Unit Servicing |
| _____ % | Brake Replacement or Repair | _____ % | Rental or Leasing Operations |
| _____ % | Bus Repair | _____ % | Repossession - For-Hire |
| _____ % | Camper or Travel Trailer Repair | _____ % | RV Repair |
| _____ % | Car Wash - Full Service | _____ % | Salvage Yard |
| _____ % | Car Wash - Self Service | _____ % | Semi Trailer Repair |
| _____ % | Contractor's Equipment Repair | _____ % | Stereo Installation |
| _____ % | Convenience Store | _____ % | Tank or Tank Truck Repair |
| _____ % | Conversion Shop | _____ % | Trailer Repair - Utility or Livestock |
| _____ % | Detailer | _____ % | Tire Dealer or Repair |
| _____ % | Drive-Away Contractor | _____ % | Window Tinting |
| _____ % | Emergency Vehicle Repair | _____ % | Windshield Replacement or Repair |
| _____ % | Farm Equipment Repair | _____ % | Wrapping of Autos |
| _____ % | Gasoline Station - Full Service | _____ % | Wrecker For-Hire |
| _____ % | Gasoline Station - Self Service | _____ % | Wrecker Not-For-Hire |
| _____ % | Golf Cart Repair | _____ % | _____ |

LIABILITY COVERAGE

Symbol(s):

- 21 - Any Auto
- 22 - Any Owned Auto
- 28 - Hired Autos
- 29 - Non-Owned Autos

Deductible: _____

Pickup & Delivery Distance:

- 0-200 Miles
- Over 200 Miles

Covered Autos Liability	_____	Limit Each Accident
General Liability - Bodily Injury & Property Damage	_____	Limit Each Accident
Damage to Premises Rented to You	_____	Limit Any One Premises
Personal & Advertising Injury Liability	_____	Any One Person or Organization
	_____	General Liability Aggregate
	_____	Products & Work You Performed Aggregate

GARAGEKEEPERS COVERAGE

Coverage:

- Specified Causes
- Comprehensive
- Collision

Coverage Basis:

- Legal Liability
- Direct Excess
- Direct Primary

Deductible: _____

Lot Limit: _____

Per Vehicle Limit: _____

DEALER'S PHYSICAL DAMAGE COVERAGE

Coverage:

- Specified Causes
- Comprehensive
- Collision
- False Pretense

Lot Protection:

- Building
- Standard Lot (6' metal cyclone or equivalent fence)
- Non-Standard Lot (fencing other than standard)
- Unprotected (no fencing)

Deductible: _____

Lot Limit: _____

Per Vehicle Limit: _____

UNINSURED, UNDERINSURED AND PERSONAL INJURY PROTECTION

-
-
-
-

Uninsured Motorists Limit:

Underinsured Motorists Limit:

Personal Injury Protection Limit:

Virginia Medical Expense & Income Loss Limit:

Number of
Dealer Plates

OPTIONAL COVERAGES

-
-
-
-

Locations & Operations Medical Payments

Limit Per Person: _____

Auto Medical Payments

Limit Per Person: _____

Broad Form Products

Drive Other Car

Auto Dealers Acts, Errors or Omissions

Truth in Lending

Odometer

Insurance Agents or Brokers

Title

ADDITIONAL INSURED OPTIONS

- Additional Insured - Owner of Leased or Rented Land or Premises

- Lessor - Additional Insured and Loss Payee (AGP-016)

- Additional Insured - Lessor of Leased Equipment (AGP-019)

- Additional Insured - Grantor of Franchise (AGP-020)

- Designated Insured for Covered Autos Liability Coverage (AGP-018)

- Waiver of Transfer of Rights of Recovery Against Others to Us (AGP-035)

- Primary and Noncontributory (AGP-007)

SCHEDULED AUTOS

Coverage(s): Liability Specified Causes Comprehensive Collision

Physical Damage Deductible: _____

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN</u>	<u>Vehicle Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any Liquefied Petroleum Gas (LPG) exposures in your operations? _____
 If yes, do you abide by the NFPA 58 - Liquefied Petroleum Gas Code? _____

Comments: _____

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the personal to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA & WY).**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI & WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial or insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE