☐ Interstate Fire and Casualty Company
☐ Chicago Insurance Company
☐ Interstate Indemnity Company
☐ Fireman's Fund County Mutual Insurance Company

Garage Application

Section I - General Information – These questions apply to both Dealer and Service Operations

Policy Period Desired _____

1. Your Name _____ Phone _____
   (dba) _____
2. Mailing Address _____
   _____
3. Location #1 Address _____
4. Location #2 Address _____
   Is there work done elsewhere? i.e.; Roadside? _____ Customer's business location? _____
5. How long have you been in this business? _____ If new venture, number of years experience?
6. Type of Legal entity: ☐ Corporation ☐ Partnership ☐ Individual ☐ Limited Liability Corp. ☐ Other
7. Applicant's Business
   Dealer: ☐ Franchised ☐ Non-Franchised (☐ Retail ☐ Wholesale ☐ Auction ☐ Consignment)
   Service: ☐ General Service ☐ Trailer Sales

Please indicate all that apply and show percentage of operation for each:	**Sales %**	**Repair %**
All Terrain Vehicles		
Car Kits/Truck Kits		
Car Wash - ☐ Attended ☐ Self Serve		
Farm Machinery/Contractors Equipment		
LPG sales/handling		
Motorcycles/Boats/Snowmobiles		
Motor Homes/Mobile Homes		
Private Passenger (incl. Pickups and Vans)		
Propane Conversions		
Recreation or Utility Trailers		
Salvage Operation/Salvage Yard/ Salvaged Vehicles		
Semi Trailers or Trailers or 5th Wheels		
Service Station ☐ Grocery Sales____% Liquor Sales____%		
Storage/parking for ☐ Public ☐ Impound ☐ Repo ☐ Other		
Tire Sales ☐ New ____% ☐ Used____% ☐ Recaps____%		
Trucks or Truck Tractors		
Used Parts Sales		
Other: Please specifically describe		

8. Explain any other business, owned by you, that is conducted on the premises
   _____
9. Do you loan any vehicles? ☐ Yes ☐ No If Yes, explain
   _____
10. Do salespeople accompany customers on demonstration rides? ☐ Yes ☐ No If No, please explain _____
11. Do you modify, rebuild or perform conversions on vehicles? ☐ Yes ☐ No If Yes, please explain _____
    _____
12. Do you perform any frame straightening? ☐ Yes ☐ No. If Yes, please answer the following questions:
    a. List Equipment: Year:_____ Brand:_____ Model: _____
    b. ☐ Bench Type ☐ Floor Model
    c. ☐ Laser Measuring device ☐ Optical Measuring device
    d. Do you buy salvage for reconstruction? ☐ Yes ☐ No
    e. Do you repair vehicles with damage totaling more than 60% of the ACV of the vehicle? ☐ Yes ☐ No
13. Do you own or sponsor a race car? ☐ Yes ☐ No
14. Do you install trailer hitches? ☐ Yes ☐ No If Yes, what % is this of your operation?_____
15. Do you perform any work on airbags (including any deactivating) or breathalizers? ☐ Yes ☐ No
16. Do you repossess autos? ☐ Yes ☐ No If Yes, please complete questionnaire AU 1110, Repossessed Autos Supp'l.
17. Do you have a Valet Parking Service? ☐ Yes ☐ No If Yes, please complete AU 1128, Valet Parking Questionnaire.

If you are a Dealer, please answer the following questions:

18. What radius do you drive or transport vehicles from your location? ☐ 0-100 miles %____ ☐ 101-300 miles %____ ☐ Over 300 miles %_____

19. How do you transport or drive away vehicles?

Own Tow Truck	☐ Yes	☐ No	Car Hauler Contracted by Others	☐ Yes	☐ No
Tow Bars or Dollies	☐ Yes	☐ No	Tow Trucks Contracted by Others	☐ Yes	☐ No
Own Car Haulers	☐ Yes	☐ No	Temporary or Contract Drivers	☐ Yes	☐ No

The following questions apply to ALL applicants:

Section II - Security and Protection

20. Describe your lot(s) ☐ Bldg/Standard Open (all sides enclosed by metal cyclone, or equivalent fence not less than 6 ft. in height, or bounded on one or more sides by wall(s) or building) or ☐ Non standard Open (all other open/unroofed lot locations not securely enclosed, locked when unattended) or ☐ Miscellaneous _____

21. If you have a spray booth, is it UL approved? ☐ Yes ☐ No If Yes, describe safety controls in place_____

22. Is your lot well lit at night? ☐ Yes ☐ No

23. Are signs posted to keep customers from the work area? ☐ Yes ☐ No

24. Are Firearms kept on the premises? ☐ Yes ☐ No

25. Is your lot patrolled by a security guard? ☐ Yes ☐ No Is the guard armed? ☐ Yes ☐ No
Do you have any other security devices, i.e., cameras, alarms? If Yes, please describe _____

26. Do you have guard dogs? ☐ Yes ☐ No

27. Do you leave keys in vehicles? ☐ Yes ☐ No

28. Describe how keys are controlled _____

29. Describe how plates are stored/secured _____

Section III - Three Year Loss History

30. Has similar insurance ever been cancelled, declined or refused renewal? ☐ Yes ☐ No If Yes, explain: _____

Policy Year	Premiums Paid	Previous Carrier	Description of Loss	Amount Paid	Amount Reserved

****LOSS RUNS REQUIRED ON GARAGE RISKS WITH 5 OR MORE EMPLOYEES****

Section IV - Employee and Driver Information

	Name	Date of Birth	License No. State	Violations & Accidents Last Three Years	Truck/Tractor Driving Exp. (if working on/ selling heavy equip)
1					
2					
3					
4					
5					

	Job Duties including mechanical experience for the above names	Rating Units or Payroll	Full Time	Part Time (20 hrs or less per week)	Furnished a Car?
1			☐	☐	☐ Yes ☐ No
2			☐	☐	☐ Yes ☐ No
3			☐	☐	☐ Yes ☐ No
4			☐	☐	☐ Yes ☐ No
5			☐	☐	☐ Yes ☐ No

IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST

Furnished Autos, other than employees. List all household family members, whether they are furnished autos or not. Driver Information

	Name	Date of Birth	License No./State	Violations & Accidents Last Three Years	If furnished an auto, list vehicle
1					
2					
3					
4					
5					

Section V - Schedule of Covered Autos

If dealer, list all autos furnished to someone other than Class I or Class II operators. Please provide names of these individuals and their relationship to the insured. Additionally list any owned tow truck, car hauler or service vehicle to be insured.

Unit #	Year, Model, Serial Number	Body Type	Where Garaged	Radius	Physical Damage Stated Amount	Deductible

Loss Payable Name and Address (advise which unit this applies to) _____

_____

Section VI - Coverage

Garage Liability Limits:

31. Combined Single Limit $_____ Other Than Auto Aggregate $ _____ ($3,000,000 maximum)

32. Liability Deductibles
Bodily Injury only $_____
Property Damage only $ _____
Bodily Injury and Property Damage $ _____
Bodily Injury and Property Damage applied separately $ _____

33. Medical Payment Limit per Person $ _____
☐ Premises only ☐ Auto Only ☐ Premises and Auto

34. Do you desire Uninsured/Underinsured Motorist coverage? (for requirements, check state statutes) ☐ Yes ☐ No
If Yes, limit(s) desired $ _____ If required by state, please complete, sign and attach proper form for selection or rejection of this coverage.

35. Number of Dealer Plates _____ Transporter Plates _____ Full Use or Personal Tags _____
Other plates/tags used in your garage business (please describe) _____

36. Do you desire Personal Injury Protection coverage (for requirements, check state statutes) ☐ Yes ☐ No
If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

37. ☐ Hired Auto ☐ Non owned Auto Cost of Hire $ _____ Number of employees_____

Garagekeepers (for Customer Cars in your Care, Custody and Control):

38. Limit of Liability at Location #1 $_____ Limit per vehicle $ _____
Limit of Liability at Location #2 $_____ Limit per vehicle $ _____
☐ Legal Liability ☐ Direct Primary ☐ Direct Excess (legal liability applies unless other selection made)

39. ☐ Specified Causes of Loss **OR** ☐ Comprehensive **Deductible** per auto $_____

40. Collision Coverage **Deductible** per Auto $ _____

On Hook (Coverage for vehicle in tow when insuring the Tow Truck):

41. Note: Limit per vehicle should match Garagekeepers per vehicle coverage (if that coverage is provided.)

Unit Description	Limit On Hook Coverage	Deductible

Dealers Open Lot (coverage for damage to your autos):

42. Limit of Liability at location #1 _____ Limit of Liability at location #2 $_____
Limit "in transit" is $ _____ Limit for temporary location is $ _____ Limit of liability per auto $ _____
☐ Fire ☐ Fire & Theft ☐ Specified causes of loss ☐ Limited specified causes of loss ☐ Comprehensive

43. Deductible per auto $ _____

44. Blanket Collision (total for all listed locations) Limit $_____

45. Interests covered: (check all those that apply) ☐ Your interest in covered "autos" you own ☐ Your interest only in financed covered "autos" ☐ Your interest and the interest of any creditor named as loss payee ☐ All interests in any "auto" not owned by you or any creditor while in your possession on consignment.

Fire Legal:

46. Limit of Liability: ☐ $50,000 ☐ $100,000 ☐ $200,000 ☐ $300,000 ☐ $400,000 ☐ $500,000

False Pretense:

47. Limit of Insurance: ☐ $25,000 with $50,000 aggregate ☐ $50,000 with $100,000 aggregate
☐ $100,000 with $100,000 aggregate

a. Confirm weekly inventory control procedures in place. ☐ Yes ☐ No

Broadened Coverage:

48. Limits of Insurance $_____
Personal Injury and Advertising Injury $ _____
Fire Legal $_____

Drive Other Car Coverage:

49. Limits of Insurance $ _____

a. Are there any autos titled in your name? ☐ Yes ☐ No

b. List individuals who are being provided this coverage

Name	Date of Birth	License #	Relationship to Insured i.e., Spouse, Corp. Officer

50. Building and Personal Property (only available in some states). ☐ Yes ☐ No If Yes, please complete and attach an Acord Property Application.

51. List any Additional Insureds to be named and advise what their interest is in this operation.

_____

_____

Section VII - Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

_____ _____
Applicant's Signature/Title Date

_____ _____
Witness Date

Agent

Are you personally familiar with this Applicant's operations? ☐ Yes ☐ No
Did your office control this risk in the past year? ☐ Yes ☐ No

_____ _____
Agent's or Broker's Name Telephone Number Agent's Signature

_____ _____
Address Date

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to civil or criminal penalties.