

**GARAGE- INSURANCE APPLICATION**

Applicant's FUL Legal Name:		Effective Date of Coverage:
Mailing Address:		Years in Business:
Owners Name or names:	Inspection Contact: Phone:	Federal ID # OR SS#:

Number	LOCATION INFORMATION : Street, City, County, State, Zip Code	Use of Location / How Occupied
1		
2		

**Garage Liability Coverage:**

1. **Limit:**  \$300,000  \$500,000  \$750,000  \$1,000,000 / or Specify: \_\_\_\_\_

**Garage Keepers Coverage:** coverage for autos left in your care, custody, and control.

Location #1 limit requested: \$\_\_\_\_\_ Location #1 limit requested: \$\_\_\_\_\_

**Storage Facility:**

	Location 1		Location 2	
	Yes	No	Yes	No
2. Fire extinguishers are accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Completely fenced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Completely lighted at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Surveillance camera equipped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the facility equipped with Intrusion alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Average number of cars in your lot: _____				
12. Height of each fence: _____				

**Garage Liability:**

Indicate below the various types of towing you perform:

- |  |  |
|--|--|
| 1. Auto mechanical Repair <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Diesel mechanic Repair <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Tire dealer/store <input type="checkbox"/> Yes <input type="checkbox"/> No      | 4. Auto body shop <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 5. Car Wash <input type="checkbox"/> Yes <input type="checkbox"/> No               | 6. Gasoline Sales <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 7. Car Sales <input type="checkbox"/> Yes <input type="checkbox"/> No              | 8. Towing <input type="checkbox"/> Yes <input type="checkbox"/> No                 |

Total revenue from Mechanic? \_\_\_\_\_ Total revenue from Tire sales? \_\_\_\_\_ Total revenue from Body Shop? \_\_\_\_\_

Total revenue from Gasoline? \_\_\_\_\_ Total revenue from Towing? \_\_\_\_\_ Total revenue from car sales? \_\_\_\_\_

9. Are you a member or franchise of the following?

Carstar  Yes  No // Midas  Yes  No // Meineke  Yes  No // NAPA  Yes  No // Tire pros  Yes  No

10. How many bays do you have: \_\_\_\_\_

11. How many mechanics do you have per location? \_\_\_\_\_ /// Are they ASE Certified? \_\_\_\_\_

12. How many total number of Employees do you have per location? \_\_\_\_\_ ///

13. How many lift systems do you have per location? \_\_\_\_\_

14. Do you sell New Tires  Yes  No /// Do you sell used Tires  Yes  No /// Do you Re-treed Tires  Yes  No

15. What type of frame machine do you have: \_\_\_\_\_

16. Do you have a certified paint booth?  Yes  No // If so, what type? \_\_\_\_\_

17. Do you need coverage for Dealer Tags or Transporter Tags?  Yes  No /// How Many? \_\_\_\_\_

18. How many car salesman do you have per location? \_\_\_\_\_

19. How many gallons do you sell per month, average? \_\_\_\_\_ /// Do you sell Diesel, E85, or marine gas? \_\_\_\_\_

Do you have emergency shut valves for fuel spills? \_\_\_\_\_

20. Do you have convenience store? \_\_\_\_\_

21. Do you operate a Salvage Yard?  Yes  No // If so do you have a crusher on site? \_\_\_\_\_

**Towing:**

1. How many tows do you perform on average per month? \_\_\_\_\_ 2. How many employees Driver tow trucks? \_\_\_\_\_

3. Indicate below the various types of towing you perform:

- |   |   |
|---|---|
| 4. Private Property (illegal parking violator removal) <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Motor Club towing <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| 5. Municipality, Highway or Turnpike Rotation <input type="checkbox"/> Yes <input type="checkbox"/> No          | 9. Towing for banks or finance companies <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Voluntary Repossessions <input type="checkbox"/> Yes <input type="checkbox"/> No                             | 10. Towing for your own garage/body shop <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Heavy Duty Commercial Towing and Recovery <input type="checkbox"/> Yes <input type="checkbox"/> No           | 11. Involuntary Repossessions <input type="checkbox"/> Yes <input type="checkbox"/> No            |

12. Do you haul anything other than cars?  Yes  No /// If so, What? \_\_\_\_\_

13. Do you operate an Auto Transportation Business?  Yes  No

20. Please breakout the per-trip mileage for your fleet: 0-50 Miles \_\_\_\_\_% 51-200 Miles \_\_\_\_\_% 201+ Miles \_\_\_\_\_%

**PLEASE INDICATE THE AMOUNT OF PROPERTY COVERAGE YOU NEED**

<b>Building Limit Requested-</b>		\$
<b>Business Personal Property ( )Include Theft ( )Exclude Theft</b>		\$
<b>Loss of Earnings from loss of building</b>		\$
<b>Employees Tools (not included in business personal property)</b>		\$
<b>Outdoor Sign (optional)</b>		\$
<b>Tire Inventory</b>		\$
<b>Construction Type (choose one)</b>	Frame - Joisted Masonry - Masonry NC - Metal NC - Other(Specify):	
<b>Protection Class</b>	1 2 3 4 5 6 7 8 9 10	Age of Building:
<b>Updates to Building</b>	Roof-Year:                      Electrical-Year:                      Plumbing-Year:                      Heating-Year:	
<b>Area/Sq. Ft. of Bldg.</b>		Sprinkler Equipped?

**Financial History:** In the past three years have you filed for bankruptcy, financial reorganization or had a tax lien placed against you?  Yes  No

**Insurance History:**

- Are you required to carry Workers Compensation insurance based on the laws of your state?  Yes  No
  - Do you have Workers Compensation insurance coverage at this time?  Yes  No
  - If yes what is your current Experience Modifier? \_\_\_\_\_
- Do you have insurance company loss runs from your last four years of operation?  Yes  No

My Previous Insurance Carriers are:	Year	Insurance Company Name	Premium Paid
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Please provide a complete employee list with the following:**

- Full name, dates of birth, hire date, and license numbers

**Please provide a vehicle and trailer list with the following:**

- Specify on-hook/cargo amounts for each tow truck (if different amounts needed please list limits per truck)
- Specify which vehicles need comprehensive/collision coverage with stated \$ amount and which ones need just auto liability

**Please provide Last 3 years of loss runs (you may need to request this from your current agent)**