



GARAGE APPLICATION

General Information – These questions to both Dealer and Service Operations

- Policy Period Desired _____
1. Your Name _____ Phone No. _____
(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 type of business? _____
6. Type of Legal entity: Corp. Partnership Individual Limited Liability Corp. Other
7. Applicant's Business _____

Vehicles Repaired Or Sold. Include the percentage of gross receipts each type contributes, from the list below.

<input type="checkbox"/> Autos - Private Passenger & Pickups	%	<input type="checkbox"/> Sport Utilities and Vans	%	<input type="checkbox"/> Trucks (> 20,000 # GVW)	%
<input type="checkbox"/> Motor Homes	%	<input type="checkbox"/> Trailers or Semi-trailers	%	<input type="checkbox"/> Truck Tractors & 5th Wheels	%
<input type="checkbox"/> Motorcycles, Motorbikes, ATV's	%	<input type="checkbox"/> Trucks (≤ 20,000 # GVW)	%	<input type="checkbox"/> Airframe and/or Engine *	%
<input type="checkbox"/> Watercraft Hull and/or inboard/inboard-outdrive *	%	<input type="checkbox"/> Watercraft outboard engines *	%	<input type="checkbox"/> Other	%
<input type="checkbox"/> Other watercraft *	%	<input type="checkbox"/> Airboats *	%	<input type="checkbox"/> Other	%

* Aircraft and/or Watercraft are not covered by the Garage policy.

Service Work. Identify by percentage the amount of each type of service work from the list below

<input type="checkbox"/> Body/Paint	%	<input type="checkbox"/> Sound System	%	<input type="checkbox"/> Valet Parking	%
<input type="checkbox"/> Brakes	%	<input type="checkbox"/> Tires	%	<input type="checkbox"/> Wash/Detail	%
<input type="checkbox"/> Muffler	%	<input type="checkbox"/> Transmission	%	<input type="checkbox"/> Wheel Alignment	%
<input type="checkbox"/> Oil & Lube	%	<input type="checkbox"/> Tune up	%	<input type="checkbox"/> Window Tint	%
<input type="checkbox"/> Radiator	%	<input type="checkbox"/> Upholstery	%	<input type="checkbox"/> Other	%

Description of Other Service Work: _____

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 you modify, rebuild or perform conversions on vehicles? Yes No If Yes, please explain _____
11. Do you perform any frame straightening? Yes No If Yes, please answer the following questions:
 a. Laser Measuring device Optical Measuring device Mechanical Gauge
 b. Do you buy salvage for reconstruction? Yes No
 c. Do you repair vehicles with damage totaling more than 60% of the ACV of the vehicle? Yes No
12. Do you own or sponsor a race car? Yes No
13. Do you install trailer hitches? Yes No If yes, what % is this of your operation? _____
14. Do you perform any work on airbags (including any deactivating) or breathalyzers? Yes No
15. Do you repossess autos? Yes No
16. Do you have a Valet Parking Service? Yes No If yes, please complete form BG-GA-390, *Valet Parking Supplemental Application*.
17. Welding? If yes, explain: _____
18. Do you tow? For Hire % Rotation % Repo %
19. Do you have a storage lot on premises? Yes No
20. Do you dismantle autos or have salvage operations? Yes No

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

21. Do salespeople accompany customers on demonstration rides? Yes No
 22. What radius do you drive or transport vehicles from your location? Less than 300 miles
 300 – 500 miles 501 – 1000 miles Over 1,000 miles
 23. How do you transport or drive away vehicles?

Own Tow Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	Car Hauler Contracted by Others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tow Bars or Dollies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tow Trucks Contracted by Others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Own Car Haulers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary or Contract Drivers	<input type="checkbox"/> Yes <input type="checkbox"/> No

24. Is insured a "buy-here/pay here" operation? Yes No If yes, when is title transferred? _____

25. How many vehicles are sold per year? _____
 26. Do you sell salvaged title autos? Yes No

The following questions apply to ALL applicants:

Security and Protection

27. Describe your lot(s) Bldg Standard Open (all sides enclosed by metal cyclone, or equivalent fence or post and chain, 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
 28. If you have a spray booth, is it UL approved? Yes No If no does risk have explosion proof lights, outside ventilation and bay separation? Yes No
 29. Is your lot well lit at night? Yes No
 30. Are signs posted to keep customers from the work area? Yes No
 31. Are Firearms kept on the premises? Yes No
 32. 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 _____
 33. Do you have guard dogs? Yes No
 34. Do you leave keys in vehicles? Yes No
 35. Describe how keys are controlled _____
 36. Describe how plates are stored/secured _____

Three Year Loss History

37. Has similar insurance ever been cancelled, declined or refused for 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 8 (EIGHT) OR MORE EMPLOYEES****

Employee and Driver Information (include any non-employees furnished an auto)

	Name	Date of Birth	License No./ State	Moving Violations Last Three Years	Accidents Last Three Years
1					
2					
3					
4					
5					
	Job Duties (e.g., mechanic, clerical, detail, sales or lot person)	Rating Units	Full Time	Part Time (20 hrs or less per week)	Furnished a Car?
1					
2					
3					
4					
5					

******IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST******

Schedule of Covered Autos

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) _____

Coverage

Garage Liability Limits

1. Combined Single Limit \$ _____ Other Than Aggregate \$ _____
 (3,000,000 maximum)
2. Medical Payment Limit per person \$ _____
 Premises only Auto only Premises and Auto
3. Do you desire Uninsured/Underinsured Motorist Coverage? (for requirements, check state status)
 Yes No If yes, limit(s) desired \$ _____
 If required by state, please complete, sign and attach proper form for selection or rejection of coverage.
 Number of Dealer Plates _____ Transporter Plates _____ Other (please describe) _____
4. 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.

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

5. Limit of Liability at Location #1 \$ _____ Limit per vehicle \$ _____
 Limit of Liability at Location #2 \$ _____ Limit per vehicle \$ _____
 Legal Liability Direct Primary
6. Specified Causes of Loss **OR** Comprehensive Deductible per auto \$ _____
7. Collision Coverage Deductible per Auto \$ _____

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

8. 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)

9. Limit of Liability at Location #1 \$ _____ Limit of Liability at Location #2 \$ _____
 Limit of Liability per auto \$ _____
10. Fire & Theft Specified Perils of Loss Comprehensive
 Deductible per auto \$ _____
11. Blanket Collision (total for all listed locations) Limit \$ _____
 Deductible per auto \$ _____
12. 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

13. Limit of Liability \$50,000 \$100,000

14. Broadened Coverages

Limits of Insurance

Personal Injury and Advertising Injury \$ _____

Fire Legal \$ _____

15. Building and Personal Property (only available in some states) If coverage is selected, please complete and attach Acord Property Application.

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

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? 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 is guilty of insurance fraud.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READY IT CAREFULLY

**REJECTION OF UNINSURED MOTORISTS COVERAGE
AND/OR PERSONAL INJURY PROTECTION COVERAGE – TEXAS**

Attached to and forming a part of Policy Number	Endorsement Effective (Standard Time)					Endorsement Number
	mm	dd	yy	12.01	A.M.	

(The above information is required only when this endorsement is issued subsequent to preparation of the policy.)

REJECTION OR SELECTION OF UNINSURED / UNDERINSURED MOTORIST'S COVERAGE.

In accordance with the provisions of Article 506-1 and amendment of the Texas Insurance Code, I (we) have been given the opportunity to purchase Uninsured / Underinsured Motorists Coverage in amounts up to the automobile liability coverage limits I (we) have applied for by application. I have been given the opportunity to reject Uninsured / Underinsured Motorists Coverage. I have made the following choice(s):

1. _____ I reject Uninsured / Underinsured Motorists Coverage in its entirety.
2. _____ I reject Uninsured / Underinsured Motorists Property Damage liability coverage in its entirety.
3. _____ I want Uninsured / Underinsured Motorists Coverage limited to Texas minimum financial responsibility limits.
4. _____ I want Uninsured / Underinsured Motorists Protection for the coverages and limits specified in the application.

I understand that there will be no Uninsured / Underinsured Motorists Coverage under any policy issued pursuant to the application on any motor vehicle owned by me for which a premium has not been indicated in the policy for such coverage. The choice(s) indicated above shall apply on all future renewals or replacement policies issued to me by the company until I request other coverage from the company in writing.

Date Signed _____ Signature of Applicant _____

REJECTION OF PERSONAL INJURY PROTECTION.

I hereby reject Personal Injury Protection in accordance with the right of rejection provided in Article 5.06.3 of the Texas Insurance Code on this policy and all future renewals or replacement policies issued to me by the company. It is understood that I have the right to request that this coverage be added to my policy at any time at the applicable premium charge in effect at that time.

Date Signed _____ Signature of Applicant _____

**THIS FORM IS NOT A PART OF YOUR POLICY
AND DOES NOT PROVIDE COVERAGE.**