

# GARAGE SERVICE APPLICATION

**General Information**

Effective Date: \_\_\_\_\_ FEIN #: \_\_\_\_\_

1. Your Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 (dba) \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Do your operations include the Sale of Vehicles?  Yes  No **\*\*IF YES, STOP HERE\*\***

4. Location #1 Address: \_\_\_\_\_

5. Location #2 Address: \_\_\_\_\_

6. Description of business operation: \_\_\_\_\_

7. What percentage of your operations take place away from Your Premises (customers locations or roadside)? \_\_\_\_\_

8. Year Business was established? \_\_\_\_\_ How many years of related experience? \_\_\_\_\_

9. Type of Legal entity:  Individual  Partnership  Joint Venture  Limited Liability Corp.  
 Trust  Corporation  Other \_\_\_\_\_

10. Name all businesses you have ownership in:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Type of Vehicles Serviced or Repaired**

Private Passenger Cars, Pick-Up Trucks, Vans, Sport Utilities	%	Buses	%	Forklifts	%
Motorcycles **complete BG-GA-477**	%	Jet Skis **complete BG-GA-477	%	Golf Carts	%
Recreational Vehicles **complete BG-GA-498**	%	Logging Trucks or Logging Equipment	%	Utility Trailers	%
Farm Equipment/Contractors Equipment **Complete BG-GA-462**	%	Medium Trucks	%	Horse Trailers	%
Emergency Vehicles	%	Heavy Trucks **complete BG-GA-462**	%	Boom Trucks, Bucket Trucks, or Cherry Pickers	%
Handicap Vehicles	%	Semi-Trailers **complete BG-GA-462**	%	Cranes	%
All-Terrain Vehicles (ATV) **complete BG-GA-477	%	Boats	%	Other: **Complete Description of Other Vehicle(s) Below**	%

Description of other Vehicle(s): \_\_\_\_\_

11. What is your lot protection?

Loc. #1:  Inside storage  Unprotected  Protected – Describe: \_\_\_\_\_

Loc. #2:  Inside storage  Unprotected  Protected - Describe: \_\_\_\_\_

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**Service/Repair Work** - Identify by percentage the amount of each type of service/repair work from the list below.

Airbags (including Deactivating)	%	Accessories Installation	%	Antique /Vintage/Classic Repair or Restoration	%
Auto Dismantling or Salvage Operations **Complete BG-GA-505**	%	Bedliner Installation	%	Boat Repair/Service	%
Body Work/Painting	%	Breathalyzers/Interlock Devices	%	Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self-Serve	%
Detailing/Washing	%	Inspection Station	%	Lift Kit Installation/Service	%
LPG Dealer	%	Oil &Lube	%	Storage Facility (Long Term)	%
Tires **Complete BG-GA-478**	%	Tire Recapping, Retreading, Regrooving	%	Towing <input type="checkbox"/> For Hire <input type="checkbox"/> Repo	%
Trailer Hitch Installation/Repair	%	Upholstery	%	Valet Parking **Complete BG-GA-390**	%
Windshield Installation Repair	%	Other (Complete Description Line Below)	%	<b>TOTAL</b>	<b>100%</b>

**Description of other operations:** \_\_\_\_\_

12. Do you perform any machining, re-machining, or re-boring operations?  Yes  No

If **yes**, explain: \_\_\_\_\_

13. Do you rebuild any of the following: brakes (**other than changing pads or rotors**), steering or restraint systems?  Yes  No

If **yes**, explain: \_\_\_\_\_

14. Do you perform any frame straightening?  Yes  No If **yes**, do you use a machine?  Yes  No

15. Do you perform spray painting?  Yes  No

If **yes**, is your booth equipped with explosion proof lights, outside ventilation, & bay separation?  Yes  No

16. Do you cut or weld frames?  Yes  No

17. Do you perform ground-up/frame-off chassis work?  Yes  No

18. Are you an auto rebuilder?  Yes  No

19. Do you own, repair, service, or sponsor a race car?  Yes  No

20. Do you park vehicles on the street?  Yes  No

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

22. Are keys kept in a secure place with no access by unauthorized persons?  Yes  No

23. Do you deliver vehicles to customers after the sale is complete?  Yes  No

24. Are firearms kept on the premises?  Yes  No

25. Do you have any dogs on the premises?  Yes  No

26. Do you manufacture or fabricate parts?  Yes  No

## GARAGE SERVICE APPLICATION

### Previous Carrier and Loss Information

27. Has similar insurance ever been cancelled, declined, or refused for renewal? (N/A in Missouri)  Yes  No  
 If yes, explain: \_\_\_\_\_

28. Complete all fields, indicate if "None" applies.

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

**\*\*\*\*LOSS RUNS REQUIRED ON RISKS WITH EIGHT (8) OR MORE EMPLOYEES\*\*\*\***

**\*\*\*\* IF EIGHT (8) OR MORE EMPLOYEES ATTACH SEPARATE EMPLOYEE SCHEDULE\*\*\*\***

- **List EVERYONE Employed By You.** This also includes any attendants, cashiers/clericals, mechanics, etc. regardless of whether or not they drive an auto for business use.
- List any 1099's and sub-contractors operating without their own insurance in place.

	Name (First, Middle, Last)	Hours Worked**	Date of Birth	Loc. #
1				
2				
3				
4				
5				
6				
7				

**Additional Insured:**

Name/Address: \_\_\_\_\_

Interest:  Landlord  Lessor of Leased Equipment  Franchisee  Customer\*\*

If interest is landlord, do you require a Waiver of Subrogation?  Yes  No

Name/Address: \_\_\_\_\_

Interest:  Landlord  Lessor of Leased Equipment  Franchisee  Customer\*\*

If interest is landlord, do you require a Waiver of Subrogation?  Yes  No

**\*\*CONFIRM WRITTEN CONTRACT IS IN PLACE FOR USE OF BG-GA-164 DESIGNATED PERSON OR ORGANIZATION\*\***

# GARAGE SERVICE APPLICATION

## Coverages Requested

**Garage Liability limits**  
 \$\_\_\_\_\_  1X aggregate  2X aggregate  3X aggregate

**Garagekeepers** If Towing or Transport coverage is desired, Garagekeepers may only be written on a Legal Liability basis. SELECT ONE:  
 Legal Liability Specified Causes of Loss w/ Collision  
 Legal Liability Comprehensive w/ Collision  
 Direct Primary Specified Causes of Loss w/ Collision (**Not available in CT.**)

Maximum limit per auto \$\_\_\_\_\_ Deductible:  \$500/2500 **OR**  \$1000/5000  
 Location #1 \$\_\_\_\_\_ location limit Location #2 \$\_\_\_\_\_ location limit

**Towing and Transport** (if more than 2 vehicles, attach separate page) 'In Tow' Limit \$\_\_\_\_\_  
 Unit 1 Year/Make/Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
 Unit 2 Year/Make/Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
 Unit 3 Year/Make/Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
 Unit 4 Year/Make/Model: \_\_\_\_\_ VIN: \_\_\_\_\_

**\*\*\*\*IF MORE THAN 4 TRUCKS ATTACH SEPARATE SCHEDULE\*\*\*\***

**Medical Payments:** Limit \$\_\_\_\_\_  Premises only  
 **Personal Injury Liability:**  Yes  No  
 **Fire Legal Liability Only:** Limit \$\_\_\_\_\_ **OR**  **Broadened Coverage:** Limit \$\_\_\_\_\_

## Related Non-Garage Operations

Gasoline Sales	# _____	gallons sold	Convenience Store	\$ _____	gross sales
Parts sold but not installed by you	\$ _____	gross sales	Tires sold but not installed by you	\$ _____	gross sales
Clothing or Accessories	\$ _____	gross sales	Self-Serve Car Wash	\$ _____	gross receipts
Auto Dismantling/Salvage Operations	\$ _____	actual payroll			

## GARAGE SERVICE APPLICATION

<p><b><u>SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.</u></b></p>
<p><b>FRAUD NOTICES:</b></p> <p><b>PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.</b></p>
<p><b><u>Applicable in AL, AR, DC, LA, MD, NM, RI and WV</u></b>          Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or (who)** knowingly (or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to (restitution)**, fines, (or)** confinement in prison, (or any combination thereof)**. *Applies in MD Only. **Applies in AL Only.</p>
<p><b><u>Applicable in CO</u></b>          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 of 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p>
<p><b><u>Applicable in FL</u></b>          Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.</p>
<p><b><u>Applicable in KS</u></b>          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.</p>
<p><b><u>Applicable in KY, NY, OH and PA</u></b>          Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY.</p>
<p><b><u>Applicable in ME, TN, VA and WA</u></b>          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 and (or)* denial of insurance benefits. *Applies in ME.</p>
<p><b><u>Applicable in NJ</u></b>          Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>
<p><b><u>Applicable in OK</u></b>          WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.</p>
<p><b><u>Applicable in OR</u></b>          Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.</p>
<p><b><u>Applicable in Other States:</u></b>          WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.</p>

**GARAGE SERVICE APPLICATION**

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

<b>Applicant Name (Name of Company):</b>	<b>Producer's Name:</b>
<b>Signature (Authorized Representative):</b>	<b>Producer's Signature:</b>
<b>Print Name (Authorized Representative):</b>	<b>Producer's Phone:</b>
<b>Title:</b>	<b>Producer's Fax:</b>
<b>Date:</b>	<b>Producer's Email:</b>