

Garage Application

**ALL QUESTIONS MUST BE ANSWERED IN FULL AND
APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT**

Applicant Information

Name _____ Phone Number _____

Mailing Address _____

City, State, Zip _____

Garage Location #1 _____

Garage Location #2 _____

Individual Partnership Joint Venture Corporation Other _____

Inspection (Contact/Phone) _____

Policy Effective Date _____ Expiration Date _____

Years in Business _____ Years of experience in this field _____

NATURE OF BUSINESS

Dealer Wholesale Non-Franchised Franchised with _____ Non Dealer

PRIOR CARRIER / LOSS INFORMATION

Prior Carriers (Last Three Years) – If no prior insurance, state NONE

Year	Insurance Carrier	Date of Loss	Description of Loss	Driver
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant?

No Yes If yes, please explain _____

EMPLOYEE AND NON-EMPLOYEE INFORMATION

YOU MUST COMPLETE THE FOLLOWING FOR ALL OWNERS, EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS

DRIVER NAME	LICENSE # & STATE	DATE OF BIRTH	VIOLATIONS & ACCIDENTS LAST 3 YEARS	STATUS	HOURS WORKED	AUTO USE

- STATUS:**
- 1. Active Owner, Partner or Officer
 - 2. Inactive Owner, Partner or Officer
 - 3. Sales Person
 - 4. Lot Person
 - 5. Mechanic
 - 6. Clerical
 - 7. Spouse of Owner, Partner or Officer
 - 8. Children of Owner, Partner or Officer who are 14 years of age and older regardless whether licensed or operating vehicles
 - 9. Spouse of any other person furnished and auto
 - 10. Children of any other person furnished an auto who are 14 years of age and older regardless of whether licensed or operating vehicles
 - 11. Occasional or Contract Driver
 - 12. Other _____

- HOURS WORKED:**
- F = Full Time (Over 20 hours per week)
 - P = Part Time (20 or less hours per week)
 - N = Non-Employee

- AUTO USE:**
- A. Furnished a covered auto for business and personal use
 - B. Uses a covered auto strictly for business use
 - C. Does not drive a covered auto

UNDERWRITING INFORMATION

EXPLAIN ALL "YES" RESPONSES

DO YOU:	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	10. Repossess vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events	<input type="checkbox"/>	<input type="checkbox"/>	11. Have any security guards?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	12. Any animals kept on premises?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sponsor any driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	13. Own or operate tank trucks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sell any used parts?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have underground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>
6. Engage in auto dismantling or salvage operations	<input type="checkbox"/>	<input type="checkbox"/>	15. Sell or Distribute butane, propane or other liquefied gas?	<input type="checkbox"/>	<input type="checkbox"/>
7. Conduct structural alterations or frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	16. Rent, lease or loan vehicles, machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
8. Modify vehicles for performance, style or handling characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	17. Allow Customers to test drive vehicles unaccompanied?	<input type="checkbox"/>	<input type="checkbox"/>
9. Install or repair trailer hitches?	<input type="checkbox"/>	<input type="checkbox"/>	18. Engage in split rim work?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

PLEASE INDICATE THE PERCENTAGE OF THE FOLLOWING OPERATIONS YOU ARE INVOLVED IN.

	Sales	Repair		Sales	Repair
Motorcycles, ATVs, etc ...	____%	____%	Trucks, Tractors, Trailers ...	____%	____%
Boats, Jetskis or other Watercraft	____%	____%	Gasoline or Diesel Sales	____%	____%
Farm or Heavy Equipment	____%	____%	Grocery or Liquor Sales	____%	____%
Auto Mechanical Repair	____%	____%	Brake Work	____%	____%
Body Painting or Repair	____%	____%	Auto Parts Sales	____%	____%
Tow Truck Service for Hire	____%	____%	Storage/Impound Lots	____%	____%
Late model used automobiles and light trucks				____%	____%
Foreign sports cars, classic autos, antique autos or fiberglass body parts				____%	____%
Vehicles where the frame or body is modified, such as van conversions, etc				____%	____%
Mobilehomes, motor homes or other recreational vehicle				____%	____%
Other:				____%	____%

What are the total receipts from your operation? _____

How are autos stored? Inside Building _____% Outside Building _____%

Standard Open Lot: Enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended.

Non-standard Open Lot: _____ Fencing other than Standard Open Lot _____ Unfenced

Number of Autos held for sale: Maximum _____ Average _____

Maximum value of any one vehicle? _____ Maximum value of all vehicles on the lot? _____

Radius of Pickup & Delivery: _____

COVERAGES		LIMITS OF LIABILITY OR INSURANCE			DEDUCTIBLE
Liability Garage Operations	Auto	\$ _____	Each Accident	\$ _____	
	Other Than Auto	\$ _____	Each Accident	\$ _____	
	Other Than Auto	\$ _____	Aggregate Limit	\$ _____	
Personal Injury Protection	Per Statute \$ _____			\$ _____	
Medical Payments				\$ _____	
<input type="checkbox"/> Auto	\$ _____			\$ _____	
<input type="checkbox"/> Premises & Operations	\$ _____			\$ _____	
<input type="checkbox"/> Both	\$ _____			\$ _____	
Uninsured/Underinsured Motorists	\$ _____	Combined Limit	\$ _____	\$ _____	
	\$ _____	Bodily Injury ONLY	\$ _____	\$ _____	
How many dealer plates do you have? _____					
Garagekeepers		Per Auto	Per Location		
<input type="checkbox"/> Legal	Comprehensive	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> Direct Excess	Specified Perils	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> Direct Primary	Collision	\$ _____	\$ _____	\$ _____	
	In-Tow Coverage	\$ _____	Per Tow Truck	\$ _____	
Physical Damage		Per Auto	Per Location		
<input type="checkbox"/> Dealers Open Lot	Comprehensive	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> Scheduled Vehicles	Specified Perils	\$ _____	\$ _____	\$ _____	
	Collision	\$ _____	\$ _____	\$ _____	
Description of Scheduled Vehicles:					
Unit No.	Year	Make & Model	FULL 17 Digit Serial Number	Stated Amount	Use

NOTICE: the policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 291 for underground storage tanks nor any coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION.

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.

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and warranty on the part of the insured.

Applicant Signature

Title

Date

Agency Name and Address

Agent's Signature

Date

REJECTION OF PERSONAL INJURY PROTECTION

I hereby reject Personal Injury Protection coverage in accordance with the right of rejection provided in Article 5.06.3 of the Texas Insurance Code on this policy. 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.

Insured's Signature

Date

UNINSURED/UNDERINSURED MOTORISTS COVERAGE ELECTION / REJECTION FORM

It is hereby understood and agreed that in accordance with the provisions of Article 5.06-1, Texas Insurance Code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amount up to the automobile liability coverage limits I have on this policy, and I have also been given the right to reject Uninsured/Underinsured Motorists Coverage and have made the following choice(s):

1. _____ I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety, or
2. _____ I hereby reject Uninsured/Underinsured Motorists Coverage as respects to property damage liability coverage in its entirety and accept bodily injury limits as indicated on this application.
3. _____ I hereby request Uninsured/Underinsured Motorist Coverage at the financial responsibility limits unless higher limits are requested as follows:
 \$ _____ BI \$ _____ PD or \$ _____ CSL

The rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company in writing that thereafter Uninsured/Underinsured Motorists Coverage is desired.

Insured's Signature

Date