

P.O. Box 5100 Scottsdale, Arizona 85261  
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1-800-873-9442

**APPLICATION FOR GARAGE POLICY**

Proposed Policy Period: From       To

Business Trade Name:       Applicant:

Mailing Address:       City:

County:       State:    Zip Code:       Phone:

Internet Address (If any):       FEIN:

Years in Business:     Years Sales/Repair Experience:

Business Entity:  Individual  Partnership  Corporation  Other:

Describe your Operations:

Locations/Premises where you conduct Garage Operations:

1.

2.

**GENERAL INFORMATION**

1. What are your normal business hours?

2. Are autos stored at your premises after normal business hours?  Yes  No

a. If yes, describe your theft barriers/storage at each location, for autos you OWN (building, fence & gate or   
post & cable):

Loc. 1.:

Loc. 2.:

b. If yes, describe your theft barriers/storage at each location, for autos you do **not** OWN (building, fence & gate or post & cable):

Loc. 1.:

Loc. 2.:

c. Do you own or lease Location 1?  Own  Lease

d. Do you own or lease Location 2?  Own  Lease

3. Do you have or maintain animals on your premises?  Yes  No

If yes, what types/breeds?

Are these animals pets?  Yes  No

Are they used for security purposes?  Yes  No

Do you maintain any other security measures not already listed?  Yes  No

If yes, explain:

4. Please provide value and number of autos stored at each location:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Maximum Value  of ALL Autos** | **Average Value  per Auto** | **Maximum Value  per Auto** | **Average No. of Autos** | **Maximum No. of Autos** |
| **Location No. 1** | $ | $ | $ |  |  |
| **Location No. 2** | $ | $ | $ |  |  |

5. Describe your key controls during business hours:       After business hours:

If a key box is used, describe location of key box (in building or attached to autos):

6. Do you pick up or deliver autos not owned by you?  Yes  No

If yes, explain:

Do you tow for hire?  Yes  No

If yes, explain:

7. Who drives or tows vehicles to your premises?

8. What is your normal radius of operations?

9. Do you loan or lease autos?  Yes  No

If yes, do you loan or lease autos to customers while their auto is being repaired?  Yes  No

Do you loan or lease autos for shorter than twelve (12) months?  Yes  No

10. Do you sell or store salvaged autos?  Yes  No

If yes, please indicate the purpose:

Sale of Salvage Titled Autos    % Rebuilding/Repairing Customers Autos    %

Sale of Used Parts    %

Other    % Explain:

# 11. List ALL Owners, Employees & Drivers:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | **DOB** | **Driver’s  License No.** | **State of  DL** | **CDL?** | | **Furnished Auto? Y/N** | **Works at Loc.  No.** | **Violations & Accidents  Past Three Yrs.** | **Full or Part Time** | **Job Title/ Duties** |
| **Y/N** | **Class** |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |

12. List ALL Family members and non-family members (except customers):

(Indicate if they are furnished an auto for personal use **or** if they may be provided an auto for regular use, but not regularly furnished.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | **DOB** | **Driver License No.** | **State of DL** | **Will drive for  or Work in  business?** | **Furnished Auto?\*** | **Violations &  Accidents Past Three Yrs.** | **Relationship** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\*P=Personal use; R=Regular use; NRF=Not regularly furnished.

13. Will anyone listed in either Items 11. or 12. use an auto for reasons other than listed?  Yes  No

If yes, please explain:

14. Have all members of your household been disclosed on this application?  Yes  No

If no, explain:

15. Have all drivers, such as children away from home or in college, who may operate your   
vehicles on a regular or infrequent basis, been listed on this application?  Yes  No  N/A

**INSURANCE HISTORY**

16. Has your insurance been cancelled or non-renewed within the last three years (Not applicable in   
Missouri)?  Yes  No

a. If yes, please explain:

|  |
| --- |
| b. A minimum of three year history is required. If three year history is unavailable, please explain: |

Current Carrier:       Eff. Date:       Exp. Date:       Policy Premium: $

Prior Carrier:       Eff. Date:       Exp. Date:       Policy Premium: $

Prior Carrier:       Eff. Date:       Exp. Date:       Policy Premium: $

|  |  |  |
| --- | --- | --- |
| Date of Loss | Amount | **Description of Loss** |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |

**UNDERWRITING INFORMATION**

17. Please provide your percentage of operations (Percentages MUST equal one hundred percent [100%]).

|  |  |  |
| --- | --- | --- |
|  | **Repair** | **Sales** |
| Private passenger cars, SUVs pick-up trucks, vans | % | % |
| Motorhomes | % | % |
| Motorcycles | % | % |
| Motor coaches or buses | % | % |
| Watercraft (boats, jet skis, etc.) | % | % |
| Dirt Bikes or ATVs | % | % |
| All other recreational autos | % | % |
| Farm Equipment | % | % |
| Construction/Contractor’s Equipment | % | % |
| Travel trailers or camper trailers | % | % |
| Utility trailers or livestock trailers | % | % |
| Trucks, tractors, semi-trailers | % | % |
| Salvage titled autos | % | % |
| Salvage parts | % | % |
| Other: | % | % |
| TOTAL | 100% | 100% |

18. Total Gross Receipts from:

All Vehicle/Equipment Sales $      All Repair $

Other Product Sales $      Tow Truck Operations $

19. Where do you purchase vehicles?

Do you buy or sell vehicles on the Internet?  Yes  No

Explain:

20. Do you drive-away more than three hundred (300) miles from point of purchase?  Yes  No

If yes, how often?

21. How many vehicles do you sell per year?

How many of those are on consignment?

22. How many plates do you have? Dealer       Registration/Transporter

Transporter plate numbers:

|  |
| --- |
| Describe how transporter plates are being used: |

Where are plates stored when not in use:

23. Do you repossess vehicles?  Yes  No

If yes, are these autos you have sold?  Yes  No

Do you repossess autos for banks or other dealers?  Yes  No

24. Test drives: Do you always obtain a copy of the customer’s license?  Yes  No

Do you obtain proof of insurance when available?  Yes  No

Do you always ride along?  Yes  No

25. List the percentage of your work (Percentages MUST equal one hundred percent [100%]):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Work** | **Percent** |  | **Type of Work** | **Percent** |
| Oil & Lube | % |  | Wash/Detail | % |
| Tune-Up | % |  | Window Tint | % |
| Muffler | % |  | Clear Coating | % |
| Radiator | % |  | Stereo System | % |
| Electrical | % |  | Alarm System | % |
| Brakes | % |  | Transmission | % |
| Hitches | % |  | Windshield | % |
| Upholstery | % |  | Lift Kit Installation | % |
| Tires (New) | % |  | Suspension (Not Lift Kits) | % |
| Tires (Used) | % |  | Wheel Alignment | % |
| Frame Work | % |  | Performance Adjustments | % |
| Painting | % |  | Other: | % |
| Body Work | % |  | Other: | % |

26. Do you do any welding?  Yes  No

If yes, explain:

27.Do you have a spray paint booth?  Yes  No

If yes, is it U/L approved?  Yes  No

Is it ventilated?  Yes  No

Are fixtures covered/protected?  Yes  No

Is paint stored in fire-resistive cabinets outside the paint booth?  Yes  No

28.Do you sell gasoline?  Yes  No If yes, how many gallons per year?

Do you sell LPG?  Yes  No If yes, how many gallons per year?

29. Do you recap tires or sell recapped tires?  Yes  No

**COVERAGE REQUESTED**

30. Check applicable box(es):

**GARAGE LIABILITY**

Each Accident Limit $

Aggregate Limit  1 x  2 x  3 x $

Deductible Liability $

**GARAGEKEEPERS** (Coverage for customers’ vehicles while in your care, custody and control)

Legal Liability  Direct Primary Maximum Limit Per Vehicle: $

Causes of Loss:  Specified Causes w/Collision  Comprehensive w/Collision

Total Limits: Location No. 1: $

Location No. 2: $

Deductibles: Specified Causes or Comprehensive Deductible $

Collision Deductible $

Maximum Deductible Per Loss $

In-Transit Limits (On-Hook): $      per auto (Garagekeepers coverage required to qualify for In-Transit Coverage)

Number of autos being towed or carried per each transporter:

**DEALERS PHYSICAL DAMAGE** (Coverage for damage to autos while held for sale)

Causes of Loss:  Specified Causes w/ Collision  Comprehensive w/ Collision

Total Limits: Location No. 1: $

Location No. 2: $

Deductibles: Specified Causes or Comprehensive Deductible $

Collision Deductible $

Maximum Deductible Per Loss $

Type:  New  Used Maximum Limit Per Vehicle: $

Interests Covered:  Owner  Owner and Creditor (Bank)  Consignment

Drive-away Miles (if over three hundred [300] miles):

Other Limits: At Temporary Locations: $      While in Transit: $

Loss Payee:

Loss Payee Address:

**MEDICAL PAYMENTS:** Applicable to:  Garage Operations  Autos  Both

Limits:  $500  $1,000  $2,500  $5,000

**UNINSURED MOTORIST:** $      **PERSONAL INJURY PROTECTION:** $

**ADDITIONAL INSURED:**

Address:

|  |
| --- |
| Explain the relationship there will be between the named insured and the additional insured: |

**SPECIFICALLY DESCRIBED AUTOS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vehicle No.** | **Year** | **Make** | **Body Type** | **VIN** | **ACV** | **GVW** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle No.** | **Radius** | **Personal  Service or Commercial Use?** | **Filings Required** | | **Coverages Desired? Y/N** | | | **Loss Payee** |
| **Yes/No** | **State/ Federal** | **Liability** | **Physical Damages** | **Other** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |

**ADDITIONAL COVERAGES REQUESTED**

31. Check applicable box(es):

**CA 20 01 Lessor-Additional Insured & Loss Payee**

**CA 20 27 Registration Plates Not Issued For A Specific Auto**

**CA 25 03 False Pretense**

**CA 25 08 Personal Injury Liability**

**CA 25 10** **Damage To Rented Premises Liability**  $50,000  $100,000 Other

**CA 25 14 Broadened Coverage (Includes Personal Injury Liability and Damage To Rented Premises)**

**CA 99 10 or CA 99 18 Drive Other Car (Dealers only)**

**WHI 26-0401 Federal Odometer Errors and Omissions**

**FILING INFORMATION**

32. **Do you hold an FMCSA permit or DOT registration?**  Yes  No

If yes, provide: US DOT No.       MC No.       Base State

**State filings required?**  Yes  No

|  |
| --- |
| If yes, list states and provide necessary state motor carrier number, if applicable: |

|  |
| --- |
| **Provide exact name and address as shown on application for filings, permits, certificates, etc.:** |

**Are there any special requirements needed for city permits, Certificates of Insurance, oversize and/or overweight permits?**  Yes  No

|  |
| --- |
| If yes, provide details: |

|  |
| --- |
| **Remarks:** |

**PROPERTY INFORMATION**

33. Location where you conduct garage operations:

34. Coverage/Valuation Requested:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subject of Insurance** | **Amount** | **Co-Insurance Percent** | **Protection Class** | **Valuation: ACV or RC** | **Coverage Form: Basic, Broad or Special** | **Deductible** |
| Building Coverage |  |  |  |  |  |  |
| Bldg. 1 | $ |  |  |  |  | $ |
| Bldg. 2 | $ |  |  |  |  | $ |
| Business Personal Property |  |  |  |  |  |  |
| Bldg. 1 | $ |  |  |  |  | $ |
| Bldg. 2 | $ |  |  |  |  | $ |
| Business Income: |  |  |  |  |  |  |
| Bldg. 1 |  |  |  |  |  |  |
| With Extra Expense | $ |  |  |  |  | $ |
| Without Extra Expense | $ |  |  |  |  | $ |
| Bldg. 2 |  |  |  |  |  |  |
| With Extra Expense | $ |  |  |  |  | $ |
| Without Extra Expense | $ |  |  |  |  | $ |

35. Building Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Building No.** | **Building Age** | **Building Constr.** | **Total Sq. Ft. Building** | **Total Sq. Ft. Occupied** | **No. of Stories** | **Sprinkler System** | **Fire Protection System** | **Burglar Alarm— Type** |
|  |  |  |  |  |  | Yes  No | Yes  No | Central Station  Local |
|  |  |  |  |  |  | Yes  No | Yes  No | Central Station  Local |
|  |  |  |  |  |  | Yes  No | Yes  No | Central Station  Local |

36. Building Improvements: Provide year updated

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Wiring** | **Roof** | **Plumbing** | **HVAC** | **Other** |
| Bldg. 1 |  |  |  |  |  |
| Bldg. 2 |  |  |  |  |  |

37. Operation Safeguards:

Welding:  Inside  Outside  Safeguards:

This application does not bind the applicant or the Company to an agreement. However, the information stated on the application shall be the basis of the contract should a policy be issued. The application does not provide coverage or  
limits and may reflect different coverages or limits than offered by the Company.

**FRAUD WARNINGS: Attach completed WHI APP-152, State Fraud Notification Compliance form.**

APPLICANT’S NAME:

APPLICANT’S SIGNATURE: DATE:

(Authorized owner, partner or executive officer)

PRODUCER’S NAME:       DATE:

INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT:

NAME:       PHONE NUMBER: