

P.O. Box 5100 Scottsdale, Arizona 85261
9200 E Pima Ctr. Pkwy., Ste. 350 Scottsdale, Arizona 85258
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** |
| **LocationNo. 1** | $      | $      | $      |       |       |
| **LocationNo. 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** | **Worksat Loc. No.** | **Violations & Accidents Past Three Yrs.** | **Full orPartTime** | **Job Title/Duties** |
| **Y/N** | **Class** |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |
|       |       |       |    |   |   |   |     |       |   |       |

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** | **DriverLicense No.** | **Stateof 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 ofInsurance** | **Amount** | **Co-Insurance Percent** | **ProtectionClass** | **Valuation: ACV or RC** | **Coverage Form: Basic, Broad or Special** | **Deductible** |
| Building Coverage |  |  |  |  |  |  |
| Bldg. 1 | $      |     |       |     |       | $      |
| Bldg. 2 | $      |     |       |     |       | $      |
| Business PersonalProperty |  |  |  |  |  |  |
| Bldg. 1 | $      |     |       |     |       | $      |
| Bldg. 2 | $      |     |       |     |       | $      |
| Business Income: |  |  |  |  |  |  |
| Bldg. 1 |  |  |  |  |  |  |
| With ExtraExpense | $      |     |       |     |       | $      |
| Without Extra Expense | $      |     |       |     |       | $      |
| Bldg. 2 |  |  |  |  |  |  |
| With Extra Expense | $      |     |       |     |       | $      |
| Without Extra Expense | $      |     |       |     |       | $      |

35. Building Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BuildingNo.** | **BuildingAge** | **BuildingConstr.** | **TotalSq. Ft.Building** | **TotalSq. Ft.Occupied** | **No. ofStories** | **SprinklerSystem** | **FireProtectionSystem** | **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: