

GARAGE SERVICE APPLICATION

General Information

- Effective Date: _____ FEIN #: _____
1. Insured Name: _____ Phone No.: _____
 (dba) _____
- Your Website Address: _____
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 Corporation
 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 **no hull repair or work while afloat**	%	Other **Complete Description of Other Vehicle(s) Below**	%

Description of other Vehicle(s): _____

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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	%	Bedliner Installation	%	Body Work/Painting	%
Breathalyzers/Interlock Devices	%	Bull Bar (or similar device) Service or Installation	%	Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self-Serve *Not available in NY*	%
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** *Not Available in FL or IL* *Monoline Garagekeepers Unavailable*	%
Window Tinting	%	Windshield Installation Repair	%	Other (Complete Description Line Below)	%

TOTAL FOR ALL COMBINED CLASSES MUST EQUAL 100%

Description of other operations: _____

11. Do you perform any machining, re-machining, re-coring, or re-boring operations? Yes No
If yes, explain: _____
12. Do you rebuild any of the following: brakes (**other than changing pads or rotors**), steering or restraint systems?
 Yes No
If yes, explain: _____
13. Do you perform any frame straightening? Yes No If yes, do you use a machine? Yes No
14. Do you perform spray painting? Yes No
If yes, is your booth equipped with explosion proof lights, outside ventilation, and bay separation? Yes No
15. Do you cut or weld frames? Yes No
16. Do you perform ground-up/frame-off chassis work? Yes No
17. Are you an auto rebuilder? Yes No
18. Do you or any of the owners advertise, own, repair, service, or sponsor a race car? Yes No
19. Do you park vehicles on the street? Yes No
20. Are signs posted to keep customers from the work area? Yes No N/A
21. Are keys kept in a secure place with no access by unauthorized persons? Yes No
22. Are firearms kept on the premises? Yes No
23. Do you have any animals on the premises? Yes No
24. Do you manufacture or fabricate parts? Yes No

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25. Do you alter the manufacturer's specifications when repairing? Yes No

If yes, explain: _____

Previous Carrier and Loss Information

26. Has similar insurance ever been cancelled, declined, or refused for renewal? (N/A in Missouri) Yes No

If yes, explain: _____

27. Complete all fields. Check box if no prior coverage:

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

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

- **List All Active Owners and 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				

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

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: _____

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****COVERAGE WILL ONLY TRIGGER WHEN A FULLY EXECUTED CONTRACT IS IN PLACE AT TIME OF LOSS****

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Coverages Requested (Check Box to Request Coverage)

- 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: \$1,000 / \$5,000 **OR** \$2,500 / \$10,000
- Location #1 \$ _____ location limit Location #2 \$ _____ location limit
- Towing and Transport '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******

What is your lot protection? (Choose One Per Location)

- Loc. 1: Fenced and Gated Post and Cable Inside Building Unprotected
 Other – Describe: _____
- Loc. 2: Fenced and Gated Post and Cable Inside Building Unprotected
 Other – Describe: _____

- Medical Payments:** Limit \$ _____ Premises only
- Personal Injury Liability**
- Fire Legal Liability Only:** Limit \$ _____ **OR** **Broadened Coverage:** Limit \$ _____

Related Non-Garage Operations (Must Be 15% Or Less Of Total Operation)

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			

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SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV:

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO:

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. Applies in FL only.

Applicable in KS:

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.

Applicable in KY, NY, OH and PA:

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 subjects 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 Only.

Applicable in ME, TN, VA and WA:

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 denial of insurance benefits. *Applies in ME Only.

Applicable in NJ:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR:

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.

Applicable in Other States:

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.

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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.

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