

201 Cessna Blvd. Suite #3, Port Orange, FL 32128
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Garage Quote Request

APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT

ALL QUESTIONS MUST BE ANSWERED IN FULL

GENERAL APPLICANT INFORMATION

APPLICANT NAME & MAILING ADDRESS

AGENCY NAME , ADDRESS & COMPANY AGENT #

APPLICANT'S PHONE NUMBER

PROPOSED POLICY PERIOD

_____ TO _____

INDIVIDUAL PARTNERSHIP JOINT VENTURE CORPORATION OTHER _____

LOCATION #1 _____

LOCATION #2 _____

YEARS IN BUSINESS _____ YEARS OF EXPERIENCE IN THIS FIELD _____ ANNUAL GROSS RECEIPTS \$ _____

HAS THIS BUSINESS OPERATED UNDER ANOTHER NAME? YES NO IF YES, EXPLAIN _____

DO YOU OPERATE AS A SUBSIDIARY OF ANOTHER FIRM OR DO YOU HAVE SUBSIDIARIES? YES NO IF YES, EXPLAIN _____

NATURE OF YOUR BUSINESS

NON-DEALER - AUTO REPAIR SHOP AUTO PAINT & BODY SHOP AUTO DETAIL SHOP SERVICE STATION
 OTHER; INCL MOBILE OPERATIONS: _____

PRIOR CARRIER AND LOSS INFORMATION

PRIOR CARRIERS (LAST 3 YEARS) IF NO PRIOR INSURANCE, STATE 'NONE'

TERM _____

CARRIER _____

POLICY # _____

DATE OF LOSS	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	AMOUNT PAID	AMOUNT RESERVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DURING THE PAST THREE (3) 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 INFORMATION FOR **ALL** OWNERS, EMPLOYEES, DRIVERS AND ALL INVOLVED IN GARAGE OPERATIONS

NAME, DRIVER LICENSE # & STATE	DATE OF BIRTH	VIOLATIONS AND/OR ACCIDENTS	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
9. SPOUSE OF ANY OTHER PERSON
10. CHILDREN OF ANY OTHER PERSON
11. OCCASIONAL OR CONTRACT DRIVER

HOURS WORKED

- F = FULL TIME (OVER 20 HOURS PER WEEK)
 P = PART TIME (20 HOURS OR LESS PER WEEK)
 N = NON-EMPLOYEE

AUTO USE

- A = PICKUP AND DELIVERY/TEST DRIVES
 B = DOES NOT DRIVE A COVERED AUTO
 C = AUTO TRANSPORT

OTHER _____

UNDERWRITING INFORMATION

- | | |
|---|--|
| 1. ARE AUTOS STORED INSIDE A BUILDING <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, IS BUILDING <input type="checkbox"/> SPRINKLERED <input type="checkbox"/> ALARMED |
| 2. WHAT IS THE BUILDING CONSTRUCTION _____ | WHAT IS THE PROTECTION CLASS _____ |
| 3. IF AUTOS ARE STORED OUTSIDE, DESCRIBE LOT | <input type="checkbox"/> STANDARD <input type="checkbox"/> NON-STANDARD <input type="checkbox"/> UN-FENCED |
| 4. IS YOUR LOT LIGHTED <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU LOCATED IN A FLOOD PLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. VALUE OF ANY ONE VEHICLE | AVERAGE VALUE \$ _____ MAXIMUM VALUE \$ _____ |
| 6. NUMBER OF VEHICLES ON HAND | AVERAGE NUMBER _____ MAXIMUM NUMBER _____ |
| 7. NUMBER OF TRANSPORTER/REPAIRER TAGS | _____ |
| 8. RADIUS OF PICKUP & DELIVERY <input type="checkbox"/> 0 – 50 MILES <input type="checkbox"/> 50 – 100 MILES <input type="checkbox"/> 100 – 500 MILES <input type="checkbox"/> OVER 500 MILES | |
| 9. IS THERE WORK DONE ELSEWHERE? I.E. ROADSIDE? MOBILE? If yes, specify in remarks section on page 3 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. DO YOU HAVE WORKERS COMPENSATION IN FORCE | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11. ARE SIGNS POSTED TO KEEP CUSTOMERS FROM ENTERING WORK AREAS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

EXPLAIN ALL "YES" RESPONSES

Do You –

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 12. ALLOW CUSTOMERS TO TEST DRIVE VEHICLES UNACCOMPANIED | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. MODIFY, REBUILD OR PERFORM CONVERSIONS ON VEHICLES? IF YES, SPECIFY IN REMARKS SECTION ON PAGE 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. ENGAGE IN ANY OTHER OPERATIONS. IF YES, SPECIFY IN REMARKS SECTION ON PAGE 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. ENGAGE IN AUTO DISMANTLING OR SALVAGE OPERATIONS | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. ENGAGE IN SPLIT RIM WORK | <input type="checkbox"/> | <input type="checkbox"/> |
| IF YES, IS EQUIPMENT CAGED | <input type="checkbox"/> | <input type="checkbox"/> |

UNDERWRITING INFORMATION (CONTINUED)

Do You –	EXPLAIN ALL “YES” RESPONSES YES	NO
17. USE SUB-CONTRACTORS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, FOR WHAT OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>
OBTAIN CERTIFICATES OF LIABILITY INSURANCE FOR EACH?	<input type="checkbox"/>	<input type="checkbox"/>
18. HAVE GUARD DOGS	<input type="checkbox"/>	<input type="checkbox"/>
19. HAVE UNDERGROUND STORAGE TANKS	<input type="checkbox"/>	<input type="checkbox"/>
20. INSTALL OR REPAIR TRAILER HITCHES	<input type="checkbox"/>	<input type="checkbox"/>
21. MODIFY VEHICLES FOR HIGH-PERFORMANCE, STYLE OR HANDLING CHARACTERISTICS	<input type="checkbox"/>	<input type="checkbox"/>
22. OWN OR OPERATE TOW TRUCKS	<input type="checkbox"/>	<input type="checkbox"/>
23. RENT, LEASE OR LOAN VEHICLES, MACHINERY OR EQUIPMENT TO OTHERS <input type="checkbox"/> Yes <input type="checkbox"/> No FROM OTHERS	<input type="checkbox"/>	<input type="checkbox"/>
24. REPOSSESS VEHICLES	<input type="checkbox"/>	<input type="checkbox"/>
25. SELL ANY USED PARTS	<input type="checkbox"/>	<input type="checkbox"/>
26. SELL OR DISTRIBUTE BUTANE, PROPANE OR OTHER LIQUIFIED GAS	<input type="checkbox"/>	<input type="checkbox"/>
27. SELL RECAPS, USED TIRES, RETREADS	<input type="checkbox"/>	<input type="checkbox"/>
28. LEAVE KEYS IN VEHICLES	<input type="checkbox"/>	<input type="checkbox"/>
29. PERFORM WORK ON AIRBAGS	<input type="checkbox"/>	<input type="checkbox"/>
30. SPONSOR OR OWN ANY RACE CARS	<input type="checkbox"/>	<input type="checkbox"/>
31. MAINTAIN A UL APPROVED SPRAY PAINT BOOTH W/EXPLOSION PROOF LIGHTING AND ADEQUATE VENTILATION.....	<input type="checkbox"/>	<input type="checkbox"/>

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

	SALES	REPAIR
32. AUTO MECHANICAL REPAIR.....	___ %	___ %
33. AUTO PARTS SALES	___ %	___ %
34. BOATS, JET SKIS OR OTHER WATER CRAFT	___ %	___ %
35. BODY PAINTING OR REPAIR.....	___ %	___ %
36. BRAKE WORK.....	___ %	___ %
37. FARM OR HEAVY EQUIPMENT	___ %	___ %
38. GASOLINE OR DIESEL SALES.....	___ %	___ %
39. FOREIGN SPORTS CARS, CLASSIC AUTOS, ANTIQUE AUTOS OR FIBERGLASS BODY AUTOS.....	___ %	___ %
40. GROCERY OR LIQUOR SALES	___ %	___ %
41. LATE MODEL USED AUTOMOBILES AND LIGHT TRUCKS	___ %	___ %
42. MOBILE HOMES, MOTOR HOMES OR OTHER RECREATIONAL VEHICLES.....	___ %	___ %
43. MOTORCYCLES, ATV'S ETC.	___ %	___ %
44. STORAGE / IMPOUND LOTS	___ %	___ %
45. TOW TRUCK SERVICE FOR HIRE (Complete Wrecker Supplemental Application)	___ %	___ %
46. TRUCKS, TRACTORS, TRAILERS (Complete TRUCK & HEAVY TRUCK SUPPLEMENTAL APPLICATION)	___ %	___ %
47. VALET PARKING (Complete Valet Parking Supplemental Application)	___ %	___ %
48. FRAME STRAIGHTENING (If any, refer to Page 4)	___ %	___ %
49. OTHER _____	___ %	___ %

Remarks – _____

REQUESTED COVERAGE & LIMITS

LIABILITY & GARAGE OPERATIONS	AUTO	\$ _____	EACH ACCIDENT	DEDUCTIBLE	\$ _____
	OTHER THAN AUTO	\$ _____	EACH ACCIDENT		\$ _____
	OTHER THAN AUTO	\$ _____	AGGREGATE LIMIT		\$ _____
MEDICAL PAYMENTS	\$ _____ PREMISES ONLY				
BROADENED COVERAGE FIRE LEGAL LIABILITY	\$ _____				
	\$ _____				
GARAGEKEEPERS <input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT EXCESS <input type="checkbox"/> DIRECT PRIMARY		PER LOCATION		DEDUCTIBLE	
	COMPREHENSIVE	\$ _____			\$ _____
	SPECIFIED PERILS	\$ _____			\$ _____
	COLLISION	\$ _____			\$ _____
	IN-TOW COVERAGE	\$ _____	PER TOW TRUCK		\$ _____
OTHER:					

ADDITIONAL INSURED – ARE YOU REQUIRED TO ADD OTHERS FOR COVERAGE UNDER THIS POLICY? Yes No

IF YES, LIST NAME, ADDRESS AND RELATIONSHIP - _____

FRAME STRAIGHTENING OPERATIONS

DO YOU PERFORM ANY FRAME STRAIGHTENING? Yes No IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

A. LASER MEASURING DEVICE B. OPTICAL MEASURING DEVICE C. MECHANICAL GAUGE D. OTHER:

DOES THE APPLICANT MAINTAIN EMPLOYEES WITH OVER 3 YEARS EXPERIENCE USING THIS DEVICE?..... Yes No

DO YOU BUY SALVAGE FOR RECONSTRUCTION?..... Yes No

DO YOU REPAIR VEHICLES WITH DAMAGE TOTALING OVER 60% OF TOTAL ACV OF THE VEHICLE?..... Yes No

NOTICE – The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 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 who 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 representative 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 makes these covenants and agrees that the foregoing statements and answers are a complete and true statement of all facts and circumstances involving the risk to be insured. The same are hereby considered a representation on the part of the insured, and made as the basis and conditions for which coverage will be granted.

Applicant's Signature

Agent's Signature

Date