☐ Interstate Fire and Casualty Company ☐ Chicago Insurance Company	C	Sarage Ap	plication
☐ Interstate Indemnity Company			
Fireman's Fund County Mutual Insurance Company			
Section I - General Information - These questions apply to both Dealer a	and Service On	erations	F
Policy Period Desired	ma corvide op	CIACIONS	
	hone		
(UDA)	hone ax		
2. Mailing Address			
W	ebsite		
5. Location #1 Address			
4. Location #2 Address			
Is there work done elsewhere? i.e.; Roadside?Customer's busi	ness location?		
5. How long have you peen in this blisiness? If new venture	number of vec	s experience?)
o. Has similar insurance ever been cancelled, declined or refused renewal?	Yes No	o If Yes, expla	ain:
7. Type of Legal entity: Corporation Partnership Individu	al Limite	ed Liability Cor	p. Other
8. Applicant's Business: Service: General Service Other (describe)			
Dealer: Franchised Non-Franchised Trailer Dealer (Retail 1	Wholesale 🗌	Auction 🗌 Co	nsignment)
5. If wholesaler, are you licensed as a dealer? Yes No	<u> </u>		,
Please indicate all that apply and show percentage of operation for each:	Receipts	Sales %	Repair %
All Terrain Vehicles / Snowmobiles			
Car Kits / Truck Kits			
Car Wash - Attended Self Serve			
Farm Machinery / Contractors Equipment			
LPG sales / handling			
Motorcycles / Boats			
Motor Homes / Mobile Homes			
Private Passenger (incl. Pickups and Vans)			
Propane Conversions			
Recreation or Utility Trailers			
Salvage Operation / Salvage Yard / Salvaged Vehicles			
Semi Trailers or Trailers or 5 th Wheels			-
Service Station: Grocery Sales			
Liquor Sales			
Gas Sales			
Storage / parking for Public Impound Repo Other Tire Sales New % Used % Recaps %			
Trucks or Truck Tractors			
Parts Sales Now 9/ Head 9/			
Other: Please specifically describe			
10. Explain any other business, owned by you that is conducted on the premis			
11. Do you loan any vehicles? Yes No If Yes, explain	es 		
•			
12. Do salespeople accompany customers on demonstration rides? Yes			
13. Clarify details on operation and type equipment used.			
14. Do you modify, rebuild or perform conversions on vehicles? Yes No			
15. Do you perform any frame straightening? Yes No. If Yes, pleas			
a. List Equipment: Year: Brand:	e answer the fol	lowing questic	ons:
 a. List Equipment: Year: Brand: b. Bench Type Floor Model 	Mode	::	
c. Laser Measuring device Optical Measuring device			
d. Do you buy salvage for reconstruction? Yes No			
e. Do you repair vehicles with damage totaling more than 60% of the ACV	of the vahiolog		NI
16. Do you own or sponsor a race car? Yes No	or trie venicie?	∟ res ∟!	NO
17. Do you install trailer hitches? \square Yes \square No If Yes, what % is this of your	operation?		
18. Do you perform any work on airbags (including any deactivating) or breatha	llizers? Yes	ΠNo	

19.	Do yo	u repossess au	itos? 🗌 Yes	□ No	If Ye	s, please complete	e questionna	ire AL	J 1110, Re	possessed Aut	tos Supp'l
20.	Do yo	u have a Valet	Parking Serv	/ice?] Yes	No If Yes, plea	ase complet	e AU 1	1128, Vale	et Parking Ques	stionnaire
11 y	ou are a Dealer, please answer the following questions: What radius do you drive or transport vehicles from your location? 0-100 miles % 101-300 miles %										
~	Uver 300 miles %										
22.	How c	lo you transpor	t or drive awa	ay vehic	cles?						
	Own 7	Fow Truck [∐Yes □ N			ar Hauler Contract	ed by Others	s [Yes 🗌	No	
		Bars or Dollies		10		ow Trucks Contrac		s [Yes 🗌	No	
The			Yes N		Te	emporary or Contra	act Drivers] Yes 🗌	No	
		wing questions			licant	S:					
		- Security and			non (c	all aidea analasad h		I			
25.	ft. in h	eiaht or bound	led on one or	r more s	pen (a	all sides enclosed by wall(s) or buildi	ing) or N	ione, c	or equivale	ent tence not le	ss than 6
	open/	unroofed lot loc	ations not se	curely	enclos	sed, locked when u	ınattended) (or \Box N	Miscellane	en (an omer	
24.	If you	have a spray b	ooth, is it UL	approv	red? [Yes No If Y	es, describe	safet	y controls	in place	
25	le vou	r lot well lit at n	iahta 🗆 Va	-	lo.						
						/ork area? ☐ Yes	□ No				
27.	Are Fi	rearms kept on	the premise	s?	Yes	□ No	140				
28.	Is you	r lot patrolled b	y a security o	guard?	□ Y	es 🗌 No Is the	guard armed	d? 🔲 ነ	Yes 🗆 N	lo	
29.	Do yo	u have any oth	er security d	evices,	i.e., c	ameras, alarms? If	Yes, please	desci	ribe		
30	Do voi	u have guard d	ogo2 🗆 Voo	- Na							
30. 31.	Do yo	u leave guard di u leave keys in	ogs: res vehicles? _	No 🗌 No							
		ibe how keys a] 163 [140						
33.	Descri	be how plates	are stored/se								
		I - Three Year									
		TE THIS INFOR			RISKS						
	licy	Premiums	Previou			Description of L	.oss	Am	ount Paic		
T	ear	Paid	Carrie	r						Reser	ved
	*:	***HARD COP	Y LOSS RUN	S REC	UIRE	D ON GARAGE R	ISKS WITH	5 OR	MORE EI	MPLOYEES***	*
	tion IV	/ - Employee a	nd Driver In	formati	ion						
Plea	ase inc	lude all employ	ees includin	g clerica	al, cor	tract drivers and w	recker drive	rs.			
					_		Viola	itions	R	Truck/Tract	
	Name			Date of Birth		I ICENSA NO		ccidents		Driving Ex	
				Dittil		State	Last Th	hree Years		(if working on/ selling heavy equip)	
1										Semily neavy e	squip)
2					· ·						
3											
4											
5											
		Job Duties inc	luding	Ratio	na		Dort Tiv		<u> </u>		
	mechanical experience for the above names		Units	- 1	Full Time	Part Time (20 hrs or less		Furnished a Car?		.2	
				Payr			per week)			irriisrieu a Car	•
1								/	ΠYe	s No	
2							T		Ye		
3								i	Ye		
4									☐ Ye		
5									☐ Ye		
				1		ليا			∟ те	s 🗌 No	

IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST
Please attach from AU 0119 as required for Dealer risks.

	Name	Date Bir	1	License No	./State	Violatior Accidents Three Ye	Last	If furnished a auto, list vehic	
								1	
1								-	
	,							+	·
ect	ion V - Schedule of Covered A	utos							
dea divi sur	aler, list all autos furnished to sor iduals and their relationship to thed.	meone ot e insured	her than C d. Additior	lass I or Cla ally list any	iss II opera owned tow	tors. Please truck, car ha	provide uler or s	name ervice	es of these vehicle to be
nit	·		Dodu		1877		Phys		
#	Year, Model, Serial Num	ber	Body Type	GVW	Where Garage	Padine	Dam Stat Amo	ed	Deductible
	ecker is listed above please se								
	In conjunction with Garage Servi	Operatior ice opera	tion						
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NOTE: Inventory reports are recommended. Pleas	s held for sale): se provide invento	ory detail for each of the	e past three months.
Inventory schedule (AU1139) is available for use. 45. Inventory attached? Yes No If no, pleas			
46. Limit of Liability at location #1	e snow date order	ed:	
46. Limit of Liability at location #1 Limit "in transit" is \$ Limit for temporar	_ Lilliit Of Elat	I imit of liability	nor outo ¢
☐ Fire ☐ Fire & Theft ☐ Specified causes	of loss Limit	ted specified causes of lo	se Comprehensive
47. Deductible per auto \$		104 00001104 044303 01 10	22 Combrehensive
48. Blanket Collision (total for all listed locations) Limit	\$		
49. Interests covered: (check all those that apply) Y	our interest in cov	ered "autos" you own	Your interest only in
inanced covered "autos" Your interest and the i	nterest of anv cred	litor named as loss navee	☐ All interests in any
"auto" not owned by you or any creditor while in yo		=	
NOTE: The additional coverages listed below may 50. Broadened Coverage Limit of Insurance \$	y not be available	in all states or for all cl	asses of business.
50. Broadened Coverage Limit of Insurance \$ Personal Injury and Advertising Injury \$	·	<u> </u>	
51. Broad Form Products (Dealer only) Limit of	Liability CEO OO	Fire Legal \$	000 🗆 🗖 🗖 100 000
52. Drive Other Car Coverage (Dealer only) Limit of	vit of Incurance C	5 \$100,000 \$50,0	000 🗌 \$100,000
a. Are there any autos titled in your name? Ye	s ∏No h . Listi	ndividuals who are being	provided this severage
	1		Relationship to
Name	Date of Birth	License Number	Insured
1			
50			
53. False Pretense (Dealer only) Limit of Insuran \$25,000 with \$50,000 aggregate \$50,000	with \$100,000 agg	regate	ith \$100,000 aggregate
 a. Confirm weekly inventory control procedures in 	place.		ar + respect aggregate
b. Confirm all test driving is accompanied by a sale	esman		
54. Federal Odometer (Dealer only) Limit of Liab	ility 🔲 \$25,000 [\$50,000 \$100,000	\$300,000
55. Fire Legal Limit of Liability \$50,000	\$100,000		
56. Personal Injury (Not available for Repo oper 57. Truth in Lending E&O (Dealer only) Limit of I	ations)		
58. List any Additional Insureds to be named and a	_lability [_] \$25,000	」	000
and any realistic moderate to be named and a	avise what their i	merest is in this operati	on.
		T	
Section VII - Signatures			
I declare to the best of my knowledge that all statement	s herein are true a	nd no material facts have	heen suppressed or
misstated. I am also aware that my operation may be in	nspected by the in:	Surance company	neen suppressed of
, .	, , , , , , , , , , , , , , , , , , , ,	on and company,	
		•	
Applicant's Signature/Title	Date	;	
Witness	— — — — —		
Agent	Date	!	
Are you personally familiar with this Applicant's operation	ons? 🗌 Yes 🗌 N	0	
Did your office control this risk in the past year? Ye	s No	O	
. ,			
Agartia an Duale de Ni			
Agent's or Broker's Name Telephone Number	- Ager	nt's Signature	
Address	Date		
Any person who, with intent to defraud or knowing t		ng a fraud against an in	curor cubmits on
application or files a claim containing a false or decr	entive statement	may be subject to sivil a	suici, subilitis an