

- ☐ Interstate Fire and Casualty Company  
☐ Chicago Insurance Company  
☐ Interstate Indemnity Company  
☐ Fireman's Fund County Mutual Insurance Company

## Garage Application

### Section I - General Information – These questions apply to both Dealer and Service Operations

Policy Period Desired \_\_\_\_\_

1. Your Name \_\_\_\_\_ Phone \_\_\_\_\_  
 (dba) \_\_\_\_\_ Fax \_\_\_\_\_
2. Mailing Address \_\_\_\_\_ Website \_\_\_\_\_
3. Location #1 Address \_\_\_\_\_
4. Location #2 Address \_\_\_\_\_  
 Is there work done elsewhere? i.e.; Roadside? \_\_\_\_\_ Customer's business location? \_\_\_\_\_
5. How long have you been in this business? \_\_\_\_\_ If new venture, number of years experience? \_\_\_\_\_
6. Has similar insurance ever been cancelled, declined or refused renewal? ☐ Yes ☐ No If Yes, explain: \_\_\_\_\_
7. Type of Legal entity: ☐ Corporation ☐ Partnership ☐ Individual ☐ Limited Liability Corp. ☐ Other
8. Applicant's Business: **Service:** ☐ General Service ☐ Other (describe) \_\_\_\_\_  
**Dealer:** ☐ Franchised ☐ Non-Franchised ☐ Trailer Dealer (☐ Retail ☐ Wholesale ☐ Auction ☐ Consignment)
9. If wholesaler, are you licensed as a dealer? ☐ Yes ☐ No

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 - <input type="checkbox"/> Attended <input type="checkbox"/> 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 <sup>th</sup> Wheels			
Service Station: Grocery Sales			
Liquor Sales			
Gas Sales			
Storage / parking for <input type="checkbox"/> Public <input type="checkbox"/> Impound <input type="checkbox"/> Repo <input type="checkbox"/> Other			
Tire Sales New _____ % Used _____ % Recaps _____ %			
Trucks or Truck Tractors			
Parts Sales New _____ % Used _____ %			
Other: Please specifically describe			

10. Explain any other business, owned by you that is conducted on the premises \_\_\_\_\_
11. Do you loan any vehicles? ☐ Yes ☐ No If Yes, explain \_\_\_\_\_
12. Do salespeople accompany customers on demonstration rides? ☐ Yes ☐ No If No, please explain \_\_\_\_\_
13. Clarify details on operation and type equipment used. \_\_\_\_\_
14. Do you modify, rebuild or perform conversions on vehicles? ☐ Yes ☐ No If Yes, please explain \_\_\_\_\_
15. Do you perform any frame straightening? ☐ Yes ☐ No. If Yes, please answer the following questions:  
 a. List Equipment: Year: \_\_\_\_\_ Brand: \_\_\_\_\_ Model: \_\_\_\_\_  
 b. ☐ Bench Type ☐ Floor Model  
 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 vehicle? ☐ Yes ☐ No
16. Do you own or sponsor a race car? ☐ Yes ☐ No
17. Do you install trailer hitches? ☐ Yes ☐ No If Yes, what % is this of your operation? \_\_\_\_\_
18. Do you perform any work on airbags (including any deactivating) or breathalizers? ☐ Yes ☐ No

19. Do you repossess autos? ☐ Yes ☐ No If Yes, please complete questionnaire AU 1110, Repossessed Autos Supp'l.
20. Do you have a Valet Parking Service? ☐ Yes ☐ No If Yes, please complete AU 1128, Valet Parking Questionnaire.
- If you are a Dealer, please answer the following questions:**
21. What radius do you drive or transport vehicles from your location? ☐ 0-100 miles % ☐ 101-300 miles % ☐ Over 300 miles %
22. How do you transport or drive away vehicles?
- |                     |  |                                 |  |
|---------------------|--|---------------------------------|--|
| Own Tow Truck       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Car Hauler Contracted by Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tow Bars or Dollies | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tow Trucks Contracted by Others | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Own Car Haulers     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Temporary or Contract Drivers   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

The following questions apply to ALL applicants:

### Section II - Security and Protection

23. Describe your lot(s) ☐ Bldg/Standard Open (all sides enclosed by metal cyclone, or equivalent fence not less than 6 ft. in height, or bounded on one or more sides by wall(s) or building) or ☐ Non standard Open (all other open/unroofed lot locations not securely enclosed, locked when unattended) or ☐ Miscellaneous
24. If you have a spray booth, is it UL approved? ☐ Yes ☐ No If Yes, describe safety controls in place
25. Is your lot well lit at night? ☐ Yes ☐ No
26. Are signs posted to keep customers from the work area? ☐ Yes ☐ No
27. Are Firearms kept on the premises? ☐ Yes ☐ No
28. Is your lot patrolled by a security guard? ☐ Yes ☐ No Is the guard armed? ☐ Yes ☐ No
29. Do you have any other security devices, i.e., cameras, alarms? If Yes, please describe
30. Do you have guard dogs? ☐ Yes ☐ No
31. Do you leave keys in vehicles? ☐ Yes ☐ No
32. Describe how keys are controlled
33. Describe how plates are stored/secured

### Section III - Three Year Loss History

COMPLETE THIS INFORMATION ON ALL RISKS

Policy Year	Premiums Paid	Previous Carrier	Description of Loss	Amount Paid	Amount Reserved

\*\*\*\*HARD COPY LOSS RUNS REQUIRED ON GARAGE RISKS WITH 5 OR MORE EMPLOYEES\*\*\*\*

### Section IV - Employee and Driver Information

Please include all employees including clerical, contract drivers and wrecker drivers.

	Name	Date of Birth	License No. State	Violations & Accidents Last Three Years	Truck/Tractor Driving Exp. (if working on/selling heavy equip)
1					
2					
3					
4					
5					
	Job Duties including mechanical experience for the above names	Rating Units or Payroll	Full Time	Part Time (20 hrs or less per week)	Furnished a Car?
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*\*IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST\*\*\*

Please attach from AU 0119 as required for Dealer risks.

Furnished Autos, other than employees. List all household family members, whether they are furnished autos or not. List all others who are furnished an auto. Driver Information

	Name	Date of Birth	License No./State	Violations & Accidents Last Three Years	If furnished an auto, list vehicle
1					
2					
3					
4					
5					

### Section V - Schedule of Covered Autos

If dealer, list all autos furnished to someone other than Class I or Class II operators. Please provide names of these individuals and their relationship to the insured. Additionally list any owned tow truck, car hauler or service vehicle to be insured.

Unit #	Year, Model, Serial Number	Body Type	GVW	Where Garaged	Radius	Physical Damage Stated Amount	Deductible

If wrecker is listed above please select one/or combination

- ☐ Repossessor (Also complete Supp'l App AU 1110)  
☐ In conjunction with Auto Dealer Operation  
☐ In conjunction with Garage Service operation  
 \_\_\_\_\_ % used to transport customer's autos  
 \_\_\_\_\_ % used on a for hire basis

Loss Payable Name and Address (advise which unit this applies to) \_\_\_\_\_

### Section VI - Coverage

#### Garage Liability Limits:

34. Combined Single Limit \$ \_\_\_\_\_ Other Than Auto Aggregate \$ \_\_\_\_\_  
 35. Liability Deductibles \_\_\_\_\_ (\$3,000,000 maximum)  
 Bodily Injury only \$ \_\_\_\_\_ Property Damage only \$ \_\_\_\_\_  
 Bodily Injury and Property Damage \$ \_\_\_\_\_ Bodily Injury and Property Damage applied separately \$ \_\_\_\_\_  
 36. Medical Payment Limit per Person \$ \_\_\_\_\_  
☐ Premises only ☐ Auto Only ☐ Premises and Auto  
 37. Do you desire Uninsured/Underinsured Motorist coverage? (for requirements, check state statutes) ☐ Yes ☐ No  
 If Yes, limit(s) desired \$ \_\_\_\_\_ If required by state, please complete, sign and attach proper form for selection or rejection of this coverage.  
 38. Number of Dealer Plates \_\_\_\_\_ Transporter Plates \_\_\_\_\_ Describe use of plates \_\_\_\_\_  
 Full Use or Personal Tags \_\_\_\_\_ Other plates/tags used in your garage business (please describe) \_\_\_\_\_  
 39. Do you desire Personal Injury Protection coverage (for requirements, check state statutes) ☐ Yes ☐ No  
 If required by state, please complete, sign and attach proper form for selection or rejection of coverage.  
 40. ☐ Hired Auto ☐ Non owned Auto Cost of Hire \$ \_\_\_\_\_ Number of employees \_\_\_\_\_

#### Garagekeepers (for Customer Cars in your Care, Custody and Control):

41. Limit of Liability at Location #1 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_  
 Limit of Liability at Location #2 \$ \_\_\_\_\_ Limit per vehicle \$ \_\_\_\_\_  
☐ Legal Liability ☐ Direct Primary ☐ Direct Excess (legal liability applies unless other selection made)  
 42. ☐ Specified Causes of Loss OR ☐ Comprehensive Deductible per auto \$ \_\_\_\_\_  
 43. Collision Coverage Deductible per Auto \$ \_\_\_\_\_

#### On Hook (Coverage for vehicle in tow when insuring the Tow Truck):

44. Note: Limit per vehicle should match Garagekeepers per vehicle coverage (if that coverage is provided.)

Unit Description	Limit On Hook Coverage	Deductible

**Dealers Open Lot** (coverage for damage to your autos held for sale):

**NOTE: Inventory reports are recommended. Please provide inventory detail for each of the past three months. Inventory schedule (AU1139) is available for use.**

45. Inventory attached? ☐ Yes ☐ No If no, please show date ordered: \_\_\_\_\_
46. Limit of Liability at location #1 \_\_\_\_\_ Limit of Liability at location #2 \$ \_\_\_\_\_  
Limit "in transit" is \$ \_\_\_\_\_ Limit for temporary location is \$ \_\_\_\_\_ Limit of liability per auto \$ \_\_\_\_\_  
☐ Fire ☐ Fire & Theft ☐ Specified causes of loss ☐ Limited specified causes of loss ☐ Comprehensive
47. Deductible per auto \$ \_\_\_\_\_
48. Blanket Collision (total for all listed locations) Limit \$ \_\_\_\_\_
49. Interests covered: (check all those that apply) ☐ Your interest in covered "autos" you own ☐ Your interest only in financed covered "autos" ☐ Your interest and the interest of any creditor named as loss payee ☐ All interests in any "auto" not owned by you or any creditor while in your possession on consignment.

**NOTE: The additional coverages listed below may not be available in all states or for all classes of business.**

50. ☐ **Broadened Coverage** Limit of Insurance \$ \_\_\_\_\_  
Personal Injury and Advertising Injury \$ \_\_\_\_\_ Fire Legal \$ \_\_\_\_\_
51. ☐ **Broad Form Products (Dealer only)** Limit of Liability ☐ \$50,000 ☐ \$100,000 ☐ \$50,000 ☐ \$100,000
52. ☐ **Drive Other Car Coverage (Dealer only)** Limit of Insurance \$ \_\_\_\_\_  
a. Are there any autos titled in your name? ☐ Yes ☐ No b. List individuals who are being provided this coverage.
- |   | Name | Date of Birth | License Number | Relationship to Insured |
|---|------|---------------|----------------|-------------------------|
| 1 |      |               |                |                         |
| 2 |      |               |                |                         |
53. ☐ **False Pretense (Dealer only)** Limit of Insurance  
☐ \$25,000 with \$50,000 aggregate ☐ \$50,000 with \$100,000 aggregate ☐ \$100,000 with \$100,000 aggregate  
a. Confirm weekly inventory control procedures in place. \_\_\_\_\_  
b. Confirm all test driving is accompanied by a salesman. \_\_\_\_\_
54. ☐ **Federal Odometer (Dealer only)** Limit of Liability ☐ \$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 operations)**
57. ☐ **Truth in Lending E&O (Dealer only)** Limit of Liability ☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$300,000
58. List any Additional Insureds to be named and advise what their interest is in this operation.  
\_\_\_\_\_  
\_\_\_\_\_

## Section VII - Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature/Title \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

**Agent**

Date \_\_\_\_\_

Are you personally familiar with this Applicant's operations? ☐ Yes ☐ No

Did your office control this risk in the past year? ☐ Yes ☐ No

Agent's or Broker's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to civil or criminal penalties.**