

16. Are you involved in any auto sales? Yes No If yes, % _____
17. Do you take vehicles on consignment? Yes No If yes, % _____
 If yes, is value of consigned autos included in garagekeepers limit? Yes No
18. Plates held by Applicant: Dealer Transporter
 Repairer Other

Plate #'s _____

Are plates used on owned vehicles? Yes No Describe _____

Are plates used on tow trucks? Yes No Describe _____

19. Limits of Liability and Coverage(s) Requested – (Check desired coverage and insert limits)

- I. LIABILITY Each Accident Aggregate (Garage operations only)
- Bodily Injury & Property Damage Liability CSL \$ _____ \$ _____
 (Property Damage Liability – subject to \$100 deductible completed operations) (Maximum Aggregate Limit - 2 million)
- II. MEDICAL PAYMENTS
- Premises Medical Payments \$ _____ Each person Choose Limit : \$500 \$750 \$1,000 \$2,000 \$5,000
- III. GARAGEKEEPERS COVERAGE
- Specified Perils and Collision Legal Liability
 \$500 deductible per auto Direct Primary
 \$1,000 deductible per auto Excess Primary
 \$ _____ other deductible per auto
- In Tow (Damage to autos while being towed) Limit per vehicle \$ _____ Deductible: _____

20. BUSINESS LOCATIONS TO BE COVERED

Loc. No.	Location	Occupancy	Garagekeepers Limit	Garagekeepers	
		Repair Shop, Painting Shop, etc.		Average/Maximum Value per Auto	Average/Maximum Number of Autos
1					
2					
3					

21. EMPLOYEE INFORMATION (Include Independent Contractors)

Loc. No.	Name	Job Description	Date of Birth	Drivers License #	State Licensed	Number of Accidents	Number of Violations	Explain

22. OWNED OR LEASED AUTOS USED IN CONNECTION WITH GARAGE OPERATION (No coverage afforded unless units are described & specifically charged for)

Model Year	Trade Name	Serial Number	G.V.W.	Use	Maximum Radius of Operation	Garaging	Deductible	Current Value	Plate Permanently Attached Yes or No

Check desired coverages for scheduled autos and/or plates:

- Liability (Must be the same as the garage liability limit) Medical Payments Limit _____ UM Limit _____
- Physical Damage

UNDERWRITING INFORMATION

23. Is operation in question 7 your primary operation? If not, explain _____ 22. Yes No
24. Do you sell or distribute butane, propane, other liquified gas under pressure, or ammonia nitrate? 23. Yes No
25. (a) Do you sell tires? _____ % of Receipts _____ % New _____ % Used 24. Yes No
(b) Do you recap tires? Yes No
26. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % _____ 25. Yes No
27. Do you hold a salvage dealer license or operate a salvage yard? 26. Yes No
28. Do you salvage cars for resale? 27. Yes No
29. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, % _____ 28. Yes No
30. Do you weld gas tanks? 29. Yes No
31. Do you sell or service hoists, lifts, or like equipment? 30. Yes No
32. Do you repossess autos? 31. Yes No
33. Do you sell parts? 32. Yes No
Gross Receipts of Parts Sales _____ Used Parts % _____ New Parts % _____
34. Is your primary operation valet or attendant parking? 33. Yes No
35. Do you have automatic car washes on location? (\$500 deductible applies) 34. Yes No
36. (a) Do you spray paint on location? 35. Yes No
(b) Do you use a booth meeting government standards? Yes No
-

37. PREMISES

- Age of building _____ Construction _____ # of floors _____
- Are customer's cars stored in building(s)? 36. Yes No
If no, describe lot (i.e. fenced, lighted, etc.) _____
- Are keys locked when stored after hours? Yes No
- Where are keys kept? Explain _____
- Do you have fire and smoke alarms? Yes No
- Do you have fire extinguishers? Yes No
- Do you occupy all of the premises? Yes No
- Do you lease part of premises to others? If yes, who _____ Yes No
- Is your operation located at your private residence? Yes No
- If yes, do you have homeowners or renters insurance? Yes No

