



GARAGE – AUTO DEALER, SERVICE AND REPAIR APPLICATION

Date: _____

General Agency: _____ Retail Agency: _____

Agent Name: _____ Agent Name: _____

Phone Number: _____ Phone Number: _____

Applicant's Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Business Trade Name: _____

Business Legal Entity: Individual Partnership Limited Liability Corporation Corporation

Requested Effective Date: _____ Years in Business: _____ Years of Experience: _____

Locations where you conduct Garage Operations: _____ Is your business mobile in nature? Yes No

Loc#	Address	City	County	State	Zip Code
1.					
2.					
3.					

Insurance History: _____ Mark box if no prior insurance

Prior Carrier	Effective Date	Expiration Date	Policy Premium

Loss Information: If needed attach additional losses and details on a separate page. _____ Mark box if no prior losses

Date of Loss	Details of Loss	Amount Paid	Amount Reserved

- Has your insurance been cancelled or non-renewed within the past three years? Yes No (n/a in MO)
- Do you have or maintain animals on your premises? Yes No
If yes, please list type and breed: _____ Are they: Pets or Security ?
- Do you have or maintain firearms on your premises? Yes No
- Do you participate in any ride share programs? Yes No If yes, please explain _____
- List your total annual gross receipts from: Auto sales \$ _____ Auto Service/Repair \$ _____
Retail product sales \$ _____ Uninstalled part sales \$ _____ Any other operations \$ _____
- What are your hours of operation? _____

7. Personnel: Please list all owners, employees, drivers, and any family members or others who may have access to the autos
Complete the table below using the following codes:

Position:	Auto Use	Status
1 -- Active owners, partners, officers, and their spouses	1 – Business and Personal Use	F – Full Time
2 -- Salespersons, managers, and employees whose principal duties include the operation of autos	2 – Business use Only	P – Part Time
3 -- Mechanics, lot personnel, detailers, office staff	3 – No use of any auto	N – Non-employee
4 -- Inactive owners, partners, officers, and their spouses		

Name	Date of Birth	Driver's License #	State	Class of CDL	# of Motor Vehicle violations past 3 years	Position	Auto Use	Status

8. Do you use any Contract Drivers in your business? Yes No

Business Operation Information:

Auto Section

By percentage list the types autos sold, serviced, or repaired in your Garage Operation. Percent totals need to 100% per column.

Type of Auto	Sales %	Repair %
Private passenger, SUV, pick-up truck, and vans		
All-terrain vehicles, including dirt bikes		
Antique or classic autos – typically over 30 years old		
Bucket, boom trucks, or cranes		
Busses, motor coaches		
Emergency vehicles (ambulance, police and fire trucks)		
Equipment (Farm, construction, earth moving, forklifts, and similar)		
Golf Carts		
Motorcycles / Scooters		
Mobile Homes		
Racing autos		
Recreational vehicles, Motorhomes		
Refrigerated autos		
Trucks, tractors, and semi-trailers, - greater than 26,000 lbs. gross vehicle weight		
Utility trailers		
Watercraft		
Any auto that has been modified for the physically impaired		
Total		

Dealer Information

9. What type of dealer license do you hold? Retail Wholesale
 Dealer license # _____ State: _____

10. Percentage of: New auto sales _____ Used auto sales _____

11. Do you conduct auto auctions? Yes No

12. What percent of your auto sales are: Retail _____% Wholesale _____%
 Consigned _____% Salvage title _____%

13. Do you operate a salvage lot? Yes No N/A

14. Do you use a consignment agreement for consigned autos? Yes No N/A

15. Do you operate any auto pawn or title pawn operations? Yes No

16. Number of dealer plates you have _____ Number of other types of plates you have _____

17. If you are requesting Physical Damage coverage on your dealer's autos, the following must be completed

Location	Maximum value per auto	Average value per auto	Average # of autos on the lot	Maximum number of autos on the lot	Maximum value of all autos on the lot
1.					
2.					
3.					

Location	Describe the theft protection for each location listed above
1.	
2.	
3.	

18. Do you store autos away from the locations listed above? Yes No

If yes, where _____ and for how long? _____

19. Are the keys or any device used to start or operate the auto, left in or upon the auto at any time? Yes No

Describe your key controls	
During normal business hours	
After business hours	

20. When do you transfer the title of a sold auto?

At time of sale Yes No

When the state transfers title Yes No

When auto is paid for in full Yes No

Other Yes No

21. Do you pick up, deliver, or transport autos not owned by you? Yes No

22. Do you repossess autos for yourself? Yes No For others? Yes No

23. Do you export autos to other countries? Yes No

24. Do you loan or lease autos? Yes No If yes, for what purpose? _____

25. On test drives do you always:

Obtain a copy of the customer's drivers license and proof of insurance? Yes No

Ride along with the customer? Yes No

Explain No answers: _____

Do you allow overnight test drives? Yes No

Non-Dealer Information

List the percentage of the type of work you do. Percentages must equal 100%

Type of work	Percentage
Auto maintenance and repair – General type*	
Auto conversion (any type)	
Auto transporting	
Dismantling	
Ignition interlock systems (breathalyzer)	
Frame work	
Glass installation/repair/tint	
Hitch installation	
Hydraulics	
Lift kit installation	
Oil and lube	
Painting or clear coating	
Repossession	

Type of work	Percentage
Self-Parking	
Storage or impound	
Suspension (not lift kits)	
Wash or detail	
Tires – New sales, service, installation, or repair	
Tires – Use sales, service, installation, or repair	
Towing for hire	
Upholstery	
Valet Parking	
Wrecker Service	
Other:	
Other:	
Other:	

*Auto maintenance and repair includes the repair and replacement of standard auto parts, including, oil changes, battery replacement, brakes, tires, fluid check and fill, filters, belts, spark plugs, AC service, steering, suspension and transmission.

26. Are signs posted to keep customers out of work areas? Yes No

27. Do you do any welding? Yes No If yes, explain _____

28. Do you work on hydraulics for dump trucks, bucket trucks, boom trucks, scissor lifts, or any equipment that lifts people? Yes No

29. Do you cut, stretch, or weld auto frames or forks? Yes No

30. Do you fabricate or manufacture any operating parts? Yes No

31. Do you custom build or manufacture any autos? Yes No

32. Do you have a paint booth? Yes No Is it ventilated with explosion proof lighting? Yes No

33. Are paints stored in closed metal cabinet? Yes No

34. Do you use plates that are not issued for a specific auto? Yes No If, yes how many do you have _____

35. If you are requesting Garagekeepers coverage on your dealer's autos, the following must be completed

Location	Maximum value per auto	Average value per auto	Average number of autos stored at each location	Maximum number of autos stored at each location	Maximum value of all autos stored at each location
1.					
2.					
3.					

Location	Describe the theft protection for each location listed above
1.	
2.	
3.	

36. Are the keys or any device used to start or operate the auto, left in or upon the auto at any time? Yes No

Describe your key controls	
During normal business hours	
After business hours	

Coverage Requested

Liability	Limit	
Covered Autos Liability	\$	Each Accident
General Liability Bodily Injury and Property Damage Liability	\$	Each Accident
Damages to Premises Rented to You	\$	Any One Premises
Personal and Advertising Injury Liability	\$	Any One Person or Organization
	\$	General Liability Aggregate
	\$	Products and Work You Performed Aggregate
Liability Deductible	\$	

Locations and Operations Medical Payments - Any One Person -- \$500 \$1,000 \$2,000 \$5,000

Auto Medical Payments - Each Insured -- \$500 \$1,000 \$2,000 \$5,000

Acts, Errors or Omissions – For Dealers	Limit	
Truth in Lending	\$	Subject to maximum value of any one auto
Odometer Mileage	\$	Subject to maximum value of any one auto
Title	\$	Subject to maximum value of any one auto
Insurance Agent or Broker	\$	Subject to maximum value of any one auto

Dealers Physical Damage Coverage (Wind, hail, or flood may not be available in all states)

Specified Cause of Loss and Collision Comprehensive and Collision

Maximum Limit per Auto \$ _____

Total Lot Limit per Location: 1. \$ _____ 2. \$ _____ 3. \$ _____

Deductibles per auto: Specified Cause of Loss or Comprehensive \$ _____ Collision: \$ _____

Deductibles are subject to aggregates, and separate deductibles for wind, hail, or flood may apply.

False Pretense \$25,000

Garagekeepers Coverage (Wind, hail, or flood may not be available in all states)

Basis: Legal Liability Direct Primary Direct Excess

Specified Cause of Loss and Collision Comprehensive and Collision

Maximum Limit per Auto \$ _____

Total Lot Limit per Location: 1. \$ _____ 2. \$ _____ 3. \$ _____

Deductibles per auto: Specified Cause of Loss or Comprehensive \$ _____ Collision: \$ _____

Deductibles are subject to aggregates, and separate deductibles for wind, hail, or flood may apply.

No Fault Coverages – Not available in all states for all risks

(Must have a completed state specific selection / rejection form completed for proper coverage)

Limits and coverage options vary by state. This is to serve as a general indication that coverage is requested but does not guarantee coverage will be provided.

Uninsured Motorists / Underinsured Motorists Coverage Limits \$ _____

Personal Injury Protection

Total number of plates: _____

Additional optional coverage available (Additional charges may apply. Total number and additional information will be required for policy)

Additional Insureds –

- Lessor of Leased Equipment
- Grantor of Franchise
- Owners of Leased or Rented Land or Premises
- Co-owner of Insured Premises
- Concessionaires Trading Under Your Name
- Controlling Interest
- Grantor of Licenses
- Grantor of Licenses - Automatic Status When Required by Licensor
- Lessor of Leased Equipment - Automatic Status When Required in Lease Agreement with You

Other Options

- Registration Plates Not Issued to Specific Auto
- Waiver of Subrogation
- Designated Insured

Applicant's Statement

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of Applicant / Title

Print Name

Date