

FEIN: [REDACTED]

Name: _____

DBA: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Website Address: _____

Contact Name: _____ Contact Phone Number: _____

Effective Date: _____ Expiration Date: _____

Years in business: _____

If less than 3 years, please provide industry experience: _____

Lines of Business

Property Garage/Auto Workers Comp EPLI Umbrella Other

Legal Status

Individual Partnership Corporation LLC Other

Description of Operations Franchise Auto Dealer Non Franchise Auto Dealer Non Dealer (Describe Below)

GARAGE RATING INFORMATION

COVERAGE	SYMBOLS	LIMITS / DEDUCTIBLES
LIABILITY	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 32	Each Accident Limit \$ Aggregate Limit \$ Deductible \$
PIP	<input type="checkbox"/> 25 <input type="checkbox"/> 27	
ADDED PIP	<input type="checkbox"/> 25 <input type="checkbox"/> 27	
MEDICAL	<input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 32	\$
UNINSURED	<input type="checkbox"/> 22 <input type="checkbox"/> 26 <input type="checkbox"/> 27	\$
UNDERINSURED	<input type="checkbox"/> 22 <input type="checkbox"/> 26 <input type="checkbox"/> 27	\$
GARAGKEEPERS <input type="checkbox"/> Specified Perils <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision	<input type="checkbox"/> 30 <input type="checkbox"/> 32	Per Auto Deductible \$ Per Occurrence Deductible \$
PHYSICAL DAMAGE <input type="checkbox"/> Specified Perils <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision	<input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 31 <input type="checkbox"/> 32	Per Auto Deductible \$ Per Occurrence Deductible \$
TOWING & LABOR	<input type="checkbox"/> 23 <input type="checkbox"/> 27	

MISC COVERAGE INFORMATION

	Desired Limits	Valuation/Deductible
<input type="checkbox"/> EPLI	\$	Deductible \$
<input type="checkbox"/> Umbrella	\$	\$10,000 SIR Mandatory
<input type="checkbox"/> Other:	\$	

LOCATION INFORMATION

Location #1

Same as Mailing Address

Other, see below

Address: _____

City _____

State _____

Zip _____

Employee Count – (Note: complete employee list required)

Class of Employee	Total Employee
Class 1A - Owners/Employees Furnished an Auto for personal use & all employees who's principal duty it is to operate an auto	
Class 1B - Full Time Salespersons and Managers not furnished for personal use	
Class 1B - Part Time Salespersons and Managers not furnished for personal use	
Class 1C - All Others Full Time	
Class 1C - All Others Part time	
Non-Employee – Under age 25	
Non-Employee All Other	

Garagekeepers:

Garagekeepers Limit Per Location: _____ Maximum Limit per auto: _____

Specified Perils Comprehensive Collision Direct Primary Direct Excess Legal Liability

Are Vehicles stored over night? Yes No Lot Protection: Building Fenced Unprotected

Comprehensive Deductible: 100/500 250/1000 500/2500 1000/5000 \$2,500/12,500 5,000/25,000

Collision Deductible: 100 250 500 1000 \$2,500 5,000

Dealers Open Lot:

Dealers Open Lot Limit Per Location: _____ Maximum Limit per auto: _____

Specified Perils Comprehensive Collision

Standard Open Lot Non Standard Open Lot Building

Standard Open Lot: Open parking or storage lots enclosed on all sides by a metal cyclone fence not less than six feet in height or bounded on one or more sides by the wall or walls of a building with no unprotected opening and with exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with opening securely locked when unattended.

Non Standard Open Lot: Any other type of protection or fencing or unprotected lot.

Comprehensive Deductible: 100/500 250/1000 500/2500 1000/5000 \$2,500/12,500 5,000/25,000

Collision Deductible: 100 250 500 1000 \$2,500 5,000

False Pretense: Yes No

Additional Garage Coverages: _____

Property

Location # _____ **Building #** _____

Square Feet _____ Year Built _____ Number of Stories _____

Building Updates:

Plumbing No Yes Year of Update _____ HVAC No Yes Year of Update _____
Electrical No Yes Year of Update _____ Roof No Yes Year of Update _____

Construction: FRAME JM NC Masonry NC Modified Fire Resistive Fire Resistive

Is the building sprinklered? Yes No

Does the building have a fire alarm? No Local Alarm Central Station

Does the building have a burglar alarm? No Local Alarm Central Station

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Co-Insurance: 80% 90% 100%

Property/Inland Marine/Crime Coverage's	Desired Limits	Valuation/Deductible
<input type="checkbox"/> Building	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> other Deductible \$
<input type="checkbox"/> Personal Property of the Insured	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> other Deductible \$
<input type="checkbox"/> Business Income	\$	<input type="checkbox"/> Monthly Limit: <input type="checkbox"/> ALS
<input type="checkbox"/> Employee Tools	\$	Deductible \$
<input type="checkbox"/> Employee Dishonesty	\$	Deductible \$
<input type="checkbox"/> Forgery	\$	Deductible \$
<input type="checkbox"/> Money/Securities (Inside and Outside)	\$	Deductible \$
<input type="checkbox"/> Other:	\$	Deductible \$

What is the building valuation based on? _____

What are desired BPP Limits based on? _____

What are the annual sales? _____

GARAGE/AUTO COVERAGE INFORMATION

Garage/Auto Coverage Options	LIMITS
<input checked="" type="checkbox"/> Non-Owned	Included Automatically for Auto Service Plus Program
<input type="checkbox"/> Hired	Estimated Cost of Hire \$
<input type="checkbox"/> BFDOC (CA9910)	Need All Individuals Names
<input type="checkbox"/> Rental Reimbursement (CA9923)	\$30 per day for 30 days
<input checked="" type="checkbox"/> Broadened Garage Coverages (CA2514)	Included Automatically for Auto Service Plus Program
<input type="checkbox"/> Dealers Plates	Number of Plates
<input type="checkbox"/> On Hook Coverage	Limit \$ Deductible \$
<input type="checkbox"/> Personal Injury Protection (no fault states only)	Limit \$
<input type="checkbox"/> Dealers E & O	Limit \$
<input type="checkbox"/> Auto Dealers Legal Defense & Product Related Damages	Limit \$
<input type="checkbox"/> Other:	

Vehicle Schedule if you have scheduled vehicles – For additional vehicles complete Vehicle Supplemental

YEAR	MAKE	MODEL	COST NEW	VIN	ZIP	RADIUS	USE	COMP DED	COLL DED

Drivers List – For additional drivers complete Driver List Supplemental

LAST NAME	FIRST NAME	STATE	LICENSE NUMBER	Violations & Accidents – 3 years		DATE OF BIRTH	JOB TITLE	PERSONAL USE?
				Accidents	Minor Violations			
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
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								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N

Have any drivers been convicted of a major violation in the last 3 years? Yes No

If Yes list drivers: _____

SURVEY OF HAZARDS

General Underwriting Questions

1. Does applicant have an established store front? Yes No
2. Does applicant share a premises with any other occupants? Yes No
3. Any guard dogs on premises? Yes No
4. Is applicant a subsidiary of another entity or have any subsidiaries?
If yes explain: Yes No
5. Does applicant sub contract any work?
If yes explain: Yes No
6. Has coverage been declined canceled or non renewed in last 3 years?
If yes explain: Yes No
7. Does applicant have any other business ventures not included in this submission?
If yes explain: Yes No
8. Has applicant had a foreclosure, repossession, or bankruptcy in the last 5 years? Yes No
9. Has applicant had a judgment in the last 5 years? Yes No
11. Are there currently serviced, charged and operable fire extinguishers on premises? Yes No
12. Does applicant store all flammable liquids in a UL listed fire cabinet? Yes No
13. Does applicant use UL listed metal containers with self closing lids? Yes No
14. Does applicant have no smoking signs posted? Yes No
15. General Housekeeping Practices Moderate Formal Informal
16. Employee Safety Training Practices Moderate Formal Informal
17. Describe type of mechanic Certification (ie: ASE certified)
18. Describe Key control procedures:
19. Does applicant have underground gasoline storage tanks? Yes No
If Yes, please describe: Age of tanks _____ Tank Construction _____
Describe leak monitoring method: _____

Prior Carrier / Loss History (minimum 3 years)

Prior Carrier	Policy Term	Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Policy Premium

Types of Vehicles:

Sales: %	Repair: %	Type of Vehicles
		Private Passenger Autos, Pickups, Vans, SUV's
		RVs, Motorhomes, Campers (incl. supplement)
		Heavy truck / Semi Trailers (incl. supplement)
		Boats (Describe):
		Powersports (jet ski's, atv's, utv's)
		Motorcycles (include supplement)
		Golf Carts
		Antique or Classic Cars
		Bucket Trucks, Man Lifts
		Contractors Equipment (Describe):
		Agricultural Equipment – Any farm implements? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Emergency Vehicles (Describe):
		Buses (list all types):
		Trailers (other than semi)
		Other (Describe) :
		Total percentage all operations combined should equal 100%

Dealer Operations: Percentage of New Autos vs. Used Autos : New _____ Used _____

If Non Franchise, is applicant part of the National Independent Auto Dealers Association or a Certified Master Dealer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant sell autos on consignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant operate as an Auto Auction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all test drives accompanied by an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any overnight test drives allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of vehicles sold per month: _____	
Number of Dealer Plates: _____	
Maximum Radius of Pick up & Delivery: _____	
Does applicant rent or lease vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant offer loaner vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF Yes: Is there a loaner contract in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant obtain proof of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does applicant verify valid Drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No

Non Dealer Operations – Complete approximate percentage for all operations

Airbag Installation, Service or Repair:	%	Parking Lots & Garages (Self Park):	%
Alarm, Stereo or Navigational System:	%	Parts Sales (uninstalled):	%
Auto Dismantling / Salvage Yard:	%	Gross Receipts	\$
Body Shop: (answer questions below)	%	Parts Manufacturing / Rebuilding:	%
Brake Repair	%	Gross Receipts	\$
Car Wash – Full Service:	%	Describe parts:	
Convenience Store:	%	Performance Enhancements:	%
Gross Receipts: \$		Any turbo or nitrous installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detailing:	%	Propane Sales:	%
Driveway Contractor Services:	%	Is tank barricaded on all sides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frame Straightening:	%	Trained technician dispensing fuel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Frame Cutting or Welding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tire Dealer - (Complete Supplement)	%
Fuel Tank Repair	%	Towing - (Complete Supplement):	%
Gasoline Station – Full Service:	%	Trailer Hitch Installation:	%
Gallons of Gas sold annually: \$		Transmission:	%
Ignition Interlock Systems:	%	Upholstery:	%
Impound Yards:	%	Valet Parking (complete supplement):	%
Lift / Lowering Kits:	%	Vehicle Conversions – Structural:	%
Machine Shop – Rebuilding	%	Welding:	%
Mobile Auto Repair	%	Window Tinting:	%
Oil / Lube Services	%	Windshield Installation / Repair:	%
Other (Describe):			%

Paint and body shop Operations:

- Is spray booth NFPA compliant? Yes No
- Is booth protected by an automatic sprinkler or dry chemical fire suppression system? Yes No
- Is paint mixing area enclosed in a non-combustible enclosure with self closing metal door? Yes No
- Is paint mixing area protected by an an automatic sprinkler or dry chemical fire suppression system? Yes No
- Does mixing area have explosion proof electrical systems? Yes No
- NFPA compliant powered ventilation in booth and mixing room? Yes No
- Are all filters regularly cleaned and changed? Yes No
- Maximum gallons of flammable solvent based liquid maintained at any one time

Producers Signature: _____

Date: _____

Applicants Signature: _____

Date: _____