

GARAGE RENEWAL APPLICATION

Named Insured: _____

Renewal of Policy Number: _____ **Renewal Term: From:** _____ **To:** _____

Complete the following in full:

1. Describe total operations by percentage including type of vehicles you sell or service. **(*complete additional Questionnaire)**

- | | |
|--|--|
| a. Cars, sport utility, pickups, vans _____% | f. RV (Motorhome, Camping Trailer)* _____% |
| b. Commercial trucks & trailers* _____% | g. Salvage (used) parts* _____% |
| c. Construction & Farming Equipment* _____% | h. Tow Truck Operators* _____% |
| d. Emergency Vehicles & Equipment* _____% | i. Valet* _____% |
| e. Motorcycle & Off-road vehicles* _____% | j. Watercraft (including Jet Skis)* _____% |

2. Describe any changes in operation or exposure:

3. List all current Owners, Employees and Drivers (including all family members licensed to drive):

Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Furnished Auto? Y/N	Personal Auto Policy in force? Y/N	Violations & Accidents Past 3 Years	Full or Part Time	Job Title/Duties

Attach Garage Application Additional Employee Supplement (G1002) if additional space is needed.

4. **Indicate if any changes to be made at renewal:**

- | | |
|--|---|
| • Coverages <input type="checkbox"/> Yes <input type="checkbox"/> No | • Limits <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Deductibles <input type="checkbox"/> Yes <input type="checkbox"/> No | • Vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Plates <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many current: Dealer: _____ Transporter: _____ |
| • Location <input type="checkbox"/> Yes <input type="checkbox"/> No | New Address: _____ |

5. **Related Operations** – Incidental to garage operations (Show gross receipts unless otherwise specified)

- | | |
|---|---|
| <input type="checkbox"/> Automobile Parts & Supplies Stores \$ _____ | <input type="checkbox"/> Grocery Stores – NOC \$ _____ |
| <input type="checkbox"/> Stores – NOC (Clothing/Supplies) \$ _____ | <input type="checkbox"/> Concessionaires – NOC \$ _____ |
| <input type="checkbox"/> Gasoline Stations – Self Service - Gallons _____ | <input type="checkbox"/> LPG Sales \$ _____ |
| <input type="checkbox"/> Machine Shops - NOC \$ _____ | <input type="checkbox"/> Welding _____ |
| <input type="checkbox"/> Mobility/Adaptability Ramp/Accessory \$ _____ | <input type="checkbox"/> Car Washes – Self Service \$ _____ |
| <input type="checkbox"/> Pressure/Power Washing _____ | |

6. **COVERAGE REQUESTED** (Complete If Changes Required)

Garage Liability Limit: \$ _____ each accident, \$ _____ aggregate

Liability Deductible: N/A \$500 \$1,000 \$2,500

Medical Payments Limit: \$ _____ Premises Only Combined

Garagekeepers Limit: Location 1 \$ _____ Location 2 \$ _____
Location 3 \$ _____ Location 4 \$ _____

Legal Liability or Primary

SCOL or Comp Collision Deductible: \$500 \$1,000 \$2,500

Maximum Limit per Vehicle \$ _____

Wind/Hail/Flood Deductible \$ _____ per vehicle \$ _____ maximum deductible per occurrence

Earthquake per vehicle deductible: \$1,000 \$2,500 \$5,000 \$10,000

Dealers Physical Damage Limit: Location 1 \$ _____ Location 2 \$ _____
Location 3 \$ _____ Location 4 \$ _____

SCOL or Comp Deductible: \$500 \$1,000 \$2,500 \$5,000

Collision Deductible: \$500 \$1,000 \$2,500 \$5,000

Maximum Limit per Vehicle \$ _____ Drive-Away Road Miles _____

Wind/Hail/Flood Deductible \$ _____ per vehicle \$ _____ maximum deductible per occurrence

Earthquake per vehicle deductible \$1,000 \$2,500 \$5,000 \$10,000

Type of vehicles: New Used Interests Covered: Owner Owner and Creditor Consignment
Loss Payee _____

Optional Coverage

Additional Insured & Relationship _____

Broadened Coverage – Garage \$ _____

Errors and Omissions for Auto Dealers

False Pretense

Fire Legal Liability \$50,000 or \$ _____

Identity Theft Recovery Coverage

Waiver of Subrogation

AVAILABLE FOR DEALERS AND/OR SCHEDULED AUTOS ONLY

Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)

Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)

Commercial Property Coverage Part (attach Garage Property Questionnaire/accord 140 and TRIA Notice)
(available on non-admitted policies only)

7. **Specifically Described Autos** (use ACORD 127 for additional vehicles):

Are the scheduled units registered and titled in the business name? Yes No

Auto No.	Year	Make/Model	V.I.N.	Radius	GVW	Primary Driver	Loss Payee
1							
2							
3							
4							

Auto No.	Stated Amount	Comp or SCOL	COMP/SCOL Deductible	Collision	Collision Deductible	On-Hook	On-Hook Limit	Comp or SCOL (collision included)?	On-Hook Deductible
1		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
2		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
3		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
4		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

GENERAL FRAUD STATEMENT (Not applicable in the states mentioned below where a specific warning applies.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

NOTICE TO ALABAMA APPLICANTS:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND, WEST VIRGINIA APPLICANTS:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS:

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MARYLAND APPLICANTS:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW MEXICO:

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW JERSEY APPLICANTS:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO OHIO APPLICANTS:

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 is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, WASHINGTON APPLICANTS:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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 Printed Name

Applicant's Signature

Date

Witness (if applicable)

Date

Agent/Broker:

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 (please print)

Telephone Number

Agent's or Broker's Signature

Agent's or Brokers Address

Date

License Number: _____