



Garage Liability Application

Is this an application for a quotation? Yes No

Is this an application for a bound policy? Yes No
If Yes, what is the Policy Number? _____

Type of Risk: Auto Repair Service Station Body & Fender Towing Service Car Wash
 Used Car Sales Parking Garage Other (Specify) _____

Garage liability can only be written if an applicant operates from a commercial location. Applicants operating from a residence can only qualify for a Business Auto Policy (complete **Dealer & Transporter Plate Application**). Complete a **Commercial Automobile Application** for specifically registered vehicles.

Corporate or Individual Name (Include DBA): _____ FEIN: * _____

Mailing Address: _____ Contact: _____

Telephone No.: _____ E-Mail: _____ Fax No.: _____ Years in Business: _____

| | | | |
|--------------------|------------------------------------|------------------------------------|------------------------------------|
| Garage Location: | <u>Location # 1</u> | <u>Location # 2</u> | <u>Location # 3</u> |
| Street | _____ | _____ | _____ |
| City | _____ | _____ | _____ |
| State and ZIP | _____ | _____ | _____ |
| Hours of Operation | ___ hrs. per day ___ days per week | ___ hrs. per day ___ days per week | ___ hrs. per day ___ days per week |

CHECK COVERAGE REQUIRED: Dealer Non-Dealer

LIMITS REQUESTED

| LIABILITY ** (Non-Dealers must select C.S.L. ONLY) | NO-FAULT (Dealers Only) | UNINSURED / UNDERINSURED MOTORISTS (Dealers Only) |
|--|---|---|
| <input type="checkbox"/> \$50,000 CSL (Non-dealers only) <input type="checkbox"/> \$25/\$50/\$10 <input type="checkbox"/> \$60,000 CSL (Dealers only) <input type="checkbox"/> \$50/\$100/\$25 <input type="checkbox"/> \$100,000 CSL <input type="checkbox"/> \$100/\$300/\$50 <input type="checkbox"/> \$300,000 CSL <input type="checkbox"/> \$250/\$500/\$100 <input type="checkbox"/> \$500,000 CSL <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> \$750,000 CSL \$ _____ <input type="checkbox"/> \$1,000,000 CSL | <input type="checkbox"/> Mandatory <input type="checkbox"/> Additional (Specify) \$ _____ <input type="checkbox"/> OBEL (\$25,000) | <input type="checkbox"/> \$ _____ Specify Limit (Cannot Exceed Liability Limit) |

** Limits are per accident and annual aggregate for other than Auto Garage Operations

ADDITIONAL COVERAGES:

FIRE LEGAL LIABILITY: Limit Requested: \$ _____
Specify Construction Type: Frame Joisted Masonry Other (specify) _____

ADDITIONAL INSURED (Name & Address): _____
Specify Relationship: (Landlord, Franchisor, Municipality Issuing Permit, etc.) _____

PERSONAL INJURY (A, B, C and Deletion of Exclusion C)

GARAGE KEEPERS LEGAL LIABILITY } Available in Non-Admitted Market. Complete **Lawrence Excess Garage**
 DEALERS PHYSICAL DAMAGE } **Keepers Legal Liability & Dealers Open Lot Application**

* A Federal Employer Identification Number is required for each corporate entity

GENERAL INFORMATION

A. If you sell or repair any of the following types of vehicles, indicate with "x". Check all that apply. Provide percentage of your total sales and/or repairs that generate from each vehicle type.

Motorcycles ___ %
 Private Passenger Cars ___ %
 Trailers ___ %
 ATVs / Snowmobiles ___ %
 Pick-ups/Vans ___ %
 Trucks or Truck Tractors ___ %
 Other (Specify) _____ %

B. Do you modify vehicles? Style: Yes No Performance: Yes No Handling: Yes No

If Yes, explain: _____

C. Do you install: Roll bars: Yes No Re-capped tires: Yes No

D. Do you or have you ever "stretched" vehicles? Yes No Do you straighten chassis? Yes No

Do you weld? Yes No If Yes to any, provide details: _____

F. Do you rent or loan autos to your customers while their autos are left for service? Yes No

If Yes, explain: _____

If Yes, do you require evidence of insurance from customers? Yes No

G. Do your sales personnel usually accompany customers on "Test" or "Demo" rides? Yes No

H. Do you drive or otherwise transport vehicles for sale, repair or pick-up more than 50 miles from your location? Yes No

What is your average trip? _____ miles What is your maximum trip? _____ miles

I. Do you own commercial vehicles, tow trucks or private passenger vehicles? Yes No

If Yes, complete **Section H** on Page 4.

J. Do you handle any butane or propane containers? Yes No

K. Do you have any guard dogs? Yes No If Yes, how many? _____ Breed(s): _____

L. Are all employees covered by Worker's Compensation? Yes No If Yes, provide insurance carrier and policy number.

Company: _____ Policy Number: _____

RATING INFORMATION

If you are a Used Car Dealer, complete remainder of application. If you are a Non-Dealer, complete Sections C, D, E, F, and G. Complete as indicated for each individual location. Use separate sheets for additional locations.

A. PROVIDE NUMBER OF EMPLOYEES FOR EACH OF THE FOLLOWING CATEGORIES:

1. CLASS I EMPLOYEES – REGULAR Include all proprietors, partners, officers, salespeople, general managers, service managers, or any other employees who use or are furnished with a covered auto

| | | |
|----------------------------------|----------------------------------|----------------------------------|
| <u>Location #1</u> | <u>Location #2</u> | <u>Location #3</u> |
| Full Time _____ Part Time* _____ | Full Time _____ Part Time* _____ | Full Time _____ Part Time* _____ |

** Part Time means less than 20 hours per week*

2. CLASS I EMPLOYEES - ALL OTHER Include all employees not listed above

| | | |
|----------------------------------|----------------------------------|----------------------------------|
| <u>Location #1</u> | <u>Location #2</u> | <u>Location #3</u> |
| Full Time _____ Part Time* _____ | Full Time _____ Part Time* _____ | Full Time _____ Part Time* _____ |

** Part Time means less than 20 hours per week*

3. CLASS II NON-EMPLOYEES Include persons furnished with a covered auto who are not employees, including inactive proprietors, partners or officers and relatives.

| | | |
|--------------------------|--------------------------|--------------------------|
| <u>Location #1</u> _____ | <u>Location #2</u> _____ | <u>Location #3</u> _____ |
|--------------------------|--------------------------|--------------------------|

B. No. of Dealer Plates issued to you: _____

List each Dealer Plate number: _____

No. of Transporter Plates issued to you: _____

List each Transporter Plate number: _____

DRIVER INFORMATION

C. EMPLOYEES - Regular and All Other Complete all sections below for all employees and proprietors who operate or are furnished vehicles.

| Name | Address | D.O.B. | Driver License No. | State | Loc # |
|------|---------|--------|--------------------|-------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

D. NON-EMPLOYEES Indicate number of non-employees, by age category, who you allow to operate vehicles.

Under 21 Years: _____ 21 to 24 Years: _____ 25 and Over: _____

Complete all sections below for all non-employees, including relatives, who you will allow to operate vehicles.

| Name | Address | D.O.B. | Driver License No. | State | Loc # |
|------|---------|--------|--------------------|-------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

E. COMPLETE INFORMATION BELOW FOR EACH LOCATION

| | <u>Location # 1</u> | <u>Location # 2</u> | <u>Location # 3</u> |
|---------------------------------|---------------------|---------------------|---------------------|
| 1. Total Weekly Payroll: | \$ _____ | \$ _____ | \$ _____ |
| 2. Number of Employees: | \$ _____ | \$ _____ | \$ _____ |
| 3. Number of Owners or Partners | \$ _____ | \$ _____ | \$ _____ |
| 4. Annual Gross Sales | \$ _____ | \$ _____ | \$ _____ |

F. LOSS EXPERIENCE & PREVIOUS CARRIER INFORMATION If no losses, indicate "no losses" under the **Amount Paid** column. Furnish loss information, whether or not covered by insurance, for the past 3 years for coverages you are requesting. Attach Loss Runs.

| Year | Carrier | Policy # | Premium | # of Losses | Amount Paid | Amount Reserved |
|------|---------|----------|---------|-------------|-------------|-----------------|
| | | | \$ | | \$ | \$ |
| | | | \$ | | \$ | \$ |
| | | | \$ | | \$ | \$ |
| | | | \$ | | \$ | \$ |

G. Has your garage insurance ever been canceled, declined or nonrenewed? Yes No
 If Yes, explain: _____

EFFECTIVE DATE REQUESTED _____

H. SCHEDULE OF COMMERCIAL VEHICLES, TOW TRUCKS AND PRIVATE PASSENGER VEHICLES YOU OWN
 If quotation for these vehicles is required, complete **Commercial Automobile Application**.

| Unit # | Year | Trade Name/Model | Vehicle Identification # | Body Type | Cost New * | GVW | Garage Location | State of Registration |
|--------|------|------------------|--------------------------|-----------|------------|-----|-----------------|-----------------------|
| 1 | | | | | \$ | | | |
| 2 | | | | | \$ | | | |
| 3 | | | | | \$ | | | |
| 4 | | | | | \$ | | | |
| 5 | | | | | \$ | | | |

* If special equipment is attached to any vehicle, include value under **COST NEW**.

COVERAGE IS NOT BINDING UNTIL SPECIFICALLY AUTHORIZED BY **D. C. WHITE AGENCY** AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID AUTHORIZATION AND IN ACCORDANCE WITH ALL TERMS THEREOF, AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS THE SAME ARE KNOWN TO THE APPLICANT: AND THE SAME ARE HEREBY MADE THE BASIS AND A CONDITION OF THE INSURANCE, AND A WARRANTY ON THE PART OF THE INSURED.

WARNING

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

ALL OTHER STATES: "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 GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, 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 STATE CLAIM FOR EACH VIOLATION."

 Name of Insured

 Name of Broker

 Signature of Insured

 Date

 Signature of Broker Licensee

 Date

 Address of Broker

 Broker's Phone Number

 Co-Broker's Name, Address and Phone Number