



GARAGE QUOTE REQUEST

Effective Date: _____

1. Your Name: _____ Phone No. _____

dba: _____

2. Mailing Address: _____

3. Website Address: _____

4. Location #1 Address: _____

5. Location #2 Address: _____

Is there work done elsewhere? i.e.: Roadside? _____

6. What is your business operation? _____

7. How long have you been in business? _____ How many years of related experience? _____

8. Type of Legal entity: Individual Partnership Joint Venture Trust

Limited Liability Corp Other Organization, including a Corporation (Please Describe)

Previous Carrier and Loss Information

1. Has similar insurance ever been cancelled, declined or refused for renewal? Yes No

a. If yes, explain: _____

2. Complete all fields. Indicate if "None" applies.

Previous Carrier and Loss Information	Policy Year	Premiums Paid	Description of Loss	Amount Paid	Amount Reserved

List All Owners and All Employees (Include any non-employee, silent owners or family members furnished an auto. If additional employees, please attach separate sheet)

	Last Name	First Name	Middle Initial	Date of Birth	License No.
1					
2					
3					
4					
5					

	License State	Drivers Scheduled Vehicle #	Furnished a Car?	Job Duties*	Full Time	Part Time**
1						
2						
3						
4						
5						

*Job duties such as: mechanic, clerical, detail, sales or lot person (if not employed, show "None")

** Part time is 20 hours or less per week

GARAGE QUOTE REQUEST (continued)

The following questions apply to ALL applicants:

1. Do you loan any vehicles? Yes No If yes, explain: _____
2. Do you perform any machining, re-machining, re-boring operations? Yes No
If yes, please explain: _____ What is the % of work done? _____%
3. Do you rebuild any of the following: brakes (other than changing pads or rotors), steering systems or restraint systems? Yes No
4. Do you perform any frame straightening? Yes No
 If yes, do you use a machine? Yes No
5. Do you cut or weld frames? Yes No
6. Are you an auto rebuilder? Yes No
7. Do you own, repair, service or sponsor a race car? Yes No

Security and Protection

1. Do you store vehicles overnight? Yes No If yes, describe lot protection for each location:
 Fenced Lot Inside Storage Post/Chain Other: _____
2. Do you park customer's vehicles on the street? Yes No
3. Do you perform spray painting? Yes No
If yes, is your booth equipped with explosion proof lights, outside ventilation & bay separation? Yes No
4. Are signs posted to keep customers from the work area? Yes No
5. Do you leave keys in vehicles? Yes No
6. Are keys kept in a secure place with no access by unauthorized persons? Yes No

If you are a Dealer, please answer the following questions

1. Do salespeople accompany customers on all demonstration rides? Yes No
2. What radius do you drive or transport vehicles from your location?
 Less than 300 miles 300 - 500 miles 501 - 1000 miles Over 1,000 miles
3. How many vehicles are sold per year? _____
4. Do you sell autos on consignment? Yes No
 If yes, attach a copy of your consignment agreement.

GARAGE QUOTE REQUEST (continued)

Vehicles Repaired or Sold

		Repair	Sales			Repair	Sales
<input type="checkbox"/>	Private passenger cars, pick-up truck, vans, Sport Utilities	%	%	<input type="checkbox"/>	Boom Trucks, Bucket Trucks, Cherry Pickers	%	%
<input type="checkbox"/>	Salvage Title Autos	%	%	<input type="checkbox"/>	Medium Trucks	%	%
<input type="checkbox"/>	Motorcycles	%	%	<input type="checkbox"/>	Heavy Trucks	%	%
<input type="checkbox"/>	Recreation vehicles	%	%	<input type="checkbox"/>	Semi Trailers	%	%
<input type="checkbox"/>	Farm Equipment	%	%	<input type="checkbox"/>	Boats	%	%
<input type="checkbox"/>	Contractors Equipment	%	%	<input type="checkbox"/>	Forklifts	%	%
<input type="checkbox"/>	Emergency Vehicles	%	%	<input type="checkbox"/>	Golf Carts	%	%
<input type="checkbox"/>	Handicap Vehicles	%	%	<input type="checkbox"/>	Utility Trailers	%	%
<input type="checkbox"/>	All Terrain Vehicles (ATV)	%	%	<input type="checkbox"/>	Horse Trailers	%	%
<input type="checkbox"/>	Buses	%	%	<input type="checkbox"/>	Cranes	%	%
<input type="checkbox"/>	Jet Skis	%	%	<input type="checkbox"/>	Other: Give Description	%	%
<input type="checkbox"/>	Logging Trucks, Logging Equipment	%	%		Total:	100%	

<input type="checkbox"/>	Airbags (Including Deactivating)	%	%	<input type="checkbox"/>	Auto Alarms/Stereo	%	%
<input type="checkbox"/>	Auto Dismantling or Salvage Operations	%	%	<input type="checkbox"/>	Boat Hull	%	%
<input type="checkbox"/>	Body Work/Painting	%	%	<input type="checkbox"/>	Detailing/Washing	%	%
<input type="checkbox"/>	Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self Serve	%	%	<input type="checkbox"/>	Breathalyzers/Interlock Devices	%	%
<input type="checkbox"/>	Lift Kit Installation	%	%	<input type="checkbox"/>	LPG Dealers	%	%
<input type="checkbox"/>	Oil & Lube	%	%	<input type="checkbox"/>	Suspension (not lift Kits)	%	%
<input type="checkbox"/>	Tires	%	%	<input type="checkbox"/>	Tire recapping, retreading, recoring	%	%
<input type="checkbox"/>	Towing <input type="checkbox"/> For hire/rotation <input type="checkbox"/> Repo for hire	%	%	<input type="checkbox"/>	Trailer hitch installation/repair	%	%
<input type="checkbox"/>	Valet Parking	%	%	<input type="checkbox"/>	Other: Give Description	%	%
<input type="checkbox"/>	Windshield Installation/Repair	%	%		Total:	100%	

Any Non Garage Operations

Gasoline Sales	# _____	Gallons Sold	Convenience Store	\$ _____	Gross Sales
Parts sold but not installed by you	\$ _____	Gross Sales	Tires, sold but not installed by you.	\$ _____	Gross Sales
Clothing or Accessories	\$ _____	Gross Sales	Self Serve Car Wash	\$ _____	Gross Sales
Auto Dismantling/Salvage Operations	\$ _____	Actual Payroll			

GARAGE QUOTE REQUEST (continued)

Coverage's Requested

Garage Liability limits

\$ _____ per accident auto/garage operations \$ _____ aggregate

Garagekeepers If Autos in Tow coverage is desired, Garagekeepers may only be written on a Legal Liability basis

Location 1 \$ _____ location limit Deductible \$ _____

Location 2 \$ _____ location limit Maximum limit per auto \$ _____

Legal Liability Specified Causes of Loss w/Collision

Legal Liability Comprehensive w/Collision

Direct Primary Specified Causes of Loss w/Collision

Autos in Tow (if more than 2 vehicles please attach separate page)

Unit 1 make/model _____ VIN _____ In Tow Limit \$ _____

Unit 2 make/model _____ VIN _____ In Tow Limit \$ _____

Dealers Physical Damage

Location 1 \$ _____ location limit Deductible \$ _____

Location 2 \$ _____ location limit Maximum limit per auto \$ _____

Fire, Theft, & Collision

Specified Causes of Loss w/Collision

Comprehensive w/Collision

Interest to be covered:

Your interest in covered autos you own

Your interest and the interest of any creditor named as loss payee

Your interest and the interest of any consignee

Loss Payee: Name & address: _____

Scheduled Autos for Dealer Coverage (if more than 2 vehicles please attach separate page)

Unit 1 make/model _____ VIN _____ Stated Value \$ _____ Med Pay _____

Unit 2 make/model _____ VIN _____ Stated Value \$ _____ Med Pay _____

Medical Payments Limit \$ _____

Premises only

Auto only

Both premises & auto

Uninsured/Underinsured Motorist:

Limit \$ _____ # of dealer plates _____ # of transporter plates _____ # of other plates _____

Personal Injury Protection

Yes No

Personal Injury Liability

Yes No

Fire Legal Liability only or

Broadened Coverage Limit \$ _____

Additional Insured:

Name/Address: _____

Interest: Landlord Lessor of Leased Equipment Franchisee Customer (attach copy of written contract)

Name/Address: _____

Interest: Landlord Lessor of Leased Equipment Franchisee Customer (attach copy of written contract)